DOCUMENT RESUME

ED 082 851 PS 006 914

AUTHOR Kapfer, Sherry
TITLE Report of Second Annual Home Start Conference (San Diego, California, June 12-15, 1973).
INSTITUTION Office of Child Development (DHEW), Washington, D.C.
PUB DATE Jun 73
NOTE 82p.; ED 067 155 is the "Report of the First National Home Start Conference"

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Compensatory Education Programs; *Conference Reports; Conferences; *Early Childhood Education; Family Environment; *Home Programs; Parent Education; Pilot Projects; *Workshops
IDENTIFIERS Head Start; *Home Start

ABSTRACT

A report of the second national Home Start Conference, held in Houston in September 1972, is presented. The report is designed to serve Head Start programs around the country which are considering the inclusion of a home based program in their services. Directors and key staff of the demonstration Home Start programs discussed evaluation requirements and held workshops and demonstrations. The report provides a record of the activities, speeches, and materials presented at the conference. Names and addresses of the participants are listed. (DP)

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report of

SECOND ANNUAL HOME START CONFERENCE

SAN DIEGO, CALIFORNIA
JUNE 12–15 · 1973

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Foreword

This is the second report of a major national Home Start Conference. The first conference, which launched OCD's Home Start demonstration project in April, 1972, resulted in a report which became a valuable resource to many other programs as they began thinking about or planning for the inclusion of a home-based component of a child development program.

In September, 1972 the directors and key staff of the fifteen demonstration programs (a sixteenth was added in January, 1973) met in Houston, one of the Home Start sites, for a three-day conference to obtain more information on the evaluation requirements and to serve as resources to one another concerning program operations.

This conference in San Diego, the location of the sixteenth Home Start demonstration program, was aimed at three audiences: the program directors and administrators; home visitors from all programs; and Regional Office of Child Development staff whose responsibility now includes assisting Head Start grantees with regard to program options, one of which permits Head Start programs to incorporate some or all aspects of Home Start's home-based approach into their regular program operation.

The conference included a number of workshops about home-based programs and many presentations by thriving Home Start programs. We saw an opportunity to develop from the conference another major report which could serve the many Head Start programs that are now interested in the home-based program option and searching for guidance and support.

This report was prepared by Home Start Program Associate Mrs. Sherry Kapfer, based on her extensive coverage of the conference plus supplementary notes taken by Willa Choper, Maggie Clarke, Carole Raiford, and Oscar Lott. All conference photographs were taken by Mr. Ed Kapfer, Jr.

As a demonstration program, Home Start is into its second year. We hope this report will be one means of enabling the Home Start experience to lend a helping hand to other programs interested in working with parents in their role as the primary educators and developers of their own children.

Ruth Ann O'Keefe, Ed.D.
Director, Home Start

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Rosoff and Robinson Welcome Participants

Mr. Saul R. Rosoff, Acting Director of the Office of Child Development, and Mr. James L. Robinson, Director of Head Start, were unable to attend the conference, but sent the following letters which were distributed to all conference participants.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
P.O. BOX 1182
WASHINGTON, D.C. 20013

OFFICE OF CHILD DEVELOPMENT

GREETINGS TO ALL PARTICIPANTS, SECOND NATIONAL HOME START CONFERENCE, SAN DIEGO, CALIFORNIA

The opening of this conference represents a major milestone for the Office of Child Development. Sixteen OCD-funded Home Start programs have now completed a successful year of operation and a second one has begun. As you may know, many Head Start programs have also realized the far-reaching value of your program and have elected to adopt the home-based model as part of the Head Start Improvement and Innovation effort.

Although I am personally unable to attend your conference, I wish I could be with you. My warmest wishes go out to all of you who have contributed to launching this program. I am certain that all of you have had many exciting experiences through Home Start during the course of the last year.

I have followed the activities of your programs with great interest and will continue to do so. Congratulations on your success to date, and keep up the good work!

Saul R. Rosoff

Saul R. Rosoff
Acting Director

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
P.O. BOX 1182
WASHINGTON, D.C. 20013

OFFICE OF CHILD DEVELOPMENT

June 5, 1973

Home Start Conference Participants
San Diego, California
June 12-15, 1973

Dear Conference Participants:

I hated to be with you as you discuss and share with each other your plans and problems in operating your Home Start programs. As you know, many Head Start programs are planning to use some of your Home Start ideas, and will be looking to you for your help in the coming year. I will be interested in the results of your conference, and send my best wishes for a good and productive meeting.

Sincerely,

James L. Robinson

James Robinson
Director, Head Start

San Diego Home Start Hosts Conference

At the opening session of the Second Annual Home Start Conference on June 12, 1973, Mr. Chris Latham (Deputy Director of the San Diego Economic Opportunity Commission) extended a warm welcome to all participants, on behalf of Mr. Mario Guzman (Executive Director of the San Diego Economic Opportunity Commission).

Speaking of the necessity for freedom as the key to success in any endeavor, Mr. Latham urged participants both to contribute to the conference and learn from it in an atmosphere of freedom.

"Too often," Mr. Latham said, "out of dedication and sincere motivation we tend to marshall people in the way we feel is right and we end up ordering people instead of guiding them. Here in San Diego this conference gives us an opportunity to try, to learn, and to succeed. Let us use this opportunity with sensitivity and consideration so that we shall retain this atmosphere of freedom."

Following Mr. Latham's remarks, Mrs. Mary Clark (San Diego County Head Start Director) and Dr. Allana Elovson (San Diego Home Start Director) also welcomed participants to the San Diego program, which was the 16th and last national Home Start demonstration program to be selected and funded.

Dr. Allana Elovson, left, and Mrs. Mary Clark welcome participants to the conference.

O'Keefe Opens Conference

"Home Start today is a far cry from Home Start in April, 1972, when we held our First Annual Home Start Conference in St. Louis," began Dr. Ann O'Keefe, National Director of the Home Start program, in her opening remarks to the Second Annual Home Start Conference on June 12, 1973.

"A year ago many of the programs had really just been funded. On one day they had hired staff members, and the next day they were on their way to St. Louis to a conference to launch the program. Now, in addition to 16 national demonstration Home Start programs, there are well over 50 Head Start programs which have decided to incorporate some aspects of the Home Start approach under the Head Start Improvement and Innovation (I&I) effort. These programs range in their adaptation of the Home Start approach from programs which have just a few families being served by the home-based approach to programs which have decided to convert totally to a home-based option, to programs which combine a center and home approach to serve their children."

Regarding Home Start's progress over the past year, Dr. O'Keefe said she felt that the program had moved from the "honeymoon" stage of a year ago to a more problem-oriented stage, as the programs have gained experience. Therefore, she stated that she hoped the San Diego conference would serve as a mechanism to deal with these problems and needs.

"There are almost three parallel conferences here," she said. "First, Home Start Directors have needs of their own and problems they must solve. Secondly, the 3 or 4 visitors from each program who are attending the conference have information to share with their counterparts from other programs. And, third, Regional and National Office of Child Development (OCD) staff members are concerned with implementing the home-based concept as part of the Head Start I&I effort."

Because of the need for sharing information among these three groups, Dr. O'Keefe commented that the agenda of the conference was structured around a "program-sharing" theme, which interspersed concurrent small-group workshops with large general sessions, and featured slide presentations by many of the Home Start programs.

In addition to program-sharing, Dr. O'Keefe also mentioned four major areas of concern to Home Start programs that would be discussed at the conference.

Handicapped Children

"Head Start is now under a Congressional mandate to serve more handicapped children. Although Head Start has always served some handicapped children, the program must now serve at least 10 percent handicapped children on a national basis," Dr. O'Keefe said. Because Home Start is a Head Start demonstration program, Dr. O'Keefe reminded programs that Home Start must also be responsive to this mandate and begin to serve more handicapped children and their families.

Fee Schedule

From the beginning, both Head Start and Home Start programs have been allowed to include children from families with incomes above the poverty guidelines as long as the number of these families did not exceed 10 percent of the program's enrollment. Another recent Congressional mandate now states that Head Start 'non-low-income" families must pay a sliding-

scale fee, pro-rated in terms of the number of children in the family and the amount of the family's income. Dr. O'Keefe said there would be a session at the conference to explain the fee schedule in detail and give program directors information on how to implement it.

Performance Standards

Head Start programs must now abide by a revised set of performance standards. Although some of these are not applicable to Home Start, most do apply, Dr. O'Keefe said, and a discussion group on how these relate to Home Start would be held later in the conference.

Home Start Evaluation Plans

Two major changes have occurred in the Home Start evaluation plan. First, the number of programs that will undergo testing has been reduced from nine to six, although all 16 programs will continue to have case studies done on them and will be visited every 6 months by evaluators. Secondly, for four of the six programs in the test group, a Head Start comparison group will now also be included in the evaluation. "The evaluation plan has always included testing of Home Start children and a control group of non-Home Start children," Dr. O'Keefe said, "but now we also plan to test children in nearby Head Start centers as well."

All of the above concerns would be discussed at length throughout the conference, Dr. O'Keefe said, with the hopes of airing as many needs and solving as many problems as possible.

Early arrivals register at the conference information headquarters.

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Taylor Reviews Highlights of Monitoring Trips

On June 12, 1973, Mr. Eddie Taylor of Development Associates, Inc. (a Washington, D. C. firm which conducted one part of the Home Start evaluation during the first year) lauded the seven Home Start programs he visited as being "sound and strong" in most components.

Development Associates was awarded a contract to provide the Office of Child Development with detailed up-to-date information on Home Start programs in Parkersburg, West Virginia; Harrogate, Tennessee; Franklin, North Carolina; Cleveland, Ohio; Millville, Utah; Laredo, Texas; and Fairbanks, Alaska. In most cases a 2-man team visited each of these programs for 4 days and evaluated Home Start programs on their conformance to official OCD performance standards, Mr. Taylor said.

Using as a basis the Standard Monitoring Questionnaire devised for Head Start programs several years ago, Development Associates staff developed a rating form suitable for Home Start, and, for each program visited, evaluated nine program components in terms of how well they met overall Home Start objectives. The nine component areas were administration, recruitment, career development, volunteer services, parent participation, social services, health services, psychological services, and nutrition.

"Because Abt Associates and High/Scope Educational Research Foundation (the two other evaluation contractors for Home Start) are evaluating the education component, this was the only component that Development Associates did not look at," Mr. Taylor said.

Specifically, Mr. Taylor stated that most Home Start grantees had strong overall management structures. Although some programs felt that more training was needed, Mr. Taylor felt that they had overcome this problem by hard work and dedication. He commented that Home Start programs which were most closely associated with local Head Start programs seemed to get started faster than those which didn't have this association because Head Start provided a base on which to build. Another point he made was that except in a few cases, grantees had not established formal, internal assessment systems to help their staff members plan in terms of long-range program goals and he suggested that a system of this type should be established.

Regarding recruitment, Mr. Taylor said that all Home Start programs monitored either met the guidelines or were well on the way to meeting them. Two problem areas that recurred in several programs were how and when can a program drop a family which is not participating in the program, and how to deal with widespread geographical dispersion of families in rural programs.

Mr. Taylor praised the programs for their efforts in the area

of career development and their extensive training programs for home visitors. He cautioned program directors to attempt to plan the subject areas of their training programs with the needs of their home visitors constantly in mind, so that training would be received first in areas where it was most needed.

Mr. Taylor noted that there was a substantial amount of parent participation and enthusiasm in the programs monitored and said that even when parents were critical of the program, it was usually positive, constructive criticism and generally limited to a few specific areas. In a few programs, however, better development of the Policy Council and the role of Home Start parents on the Council was needed, he added.

Although volunteer services are not a required component in the 16 Home Start demonstration programs, Mr. Taylor said that all programs visited had some volunteers, particularly in the health and nutrition areas, and he urged programs to keep thorough administrative records on volunteer services.

"One of the highest rated components of the Home Start program is social services," Mr. Taylor stated. "Although we found more problems in rural areas because they have fewer institutions from which to draw, we found that programs were almost inventing services where none existed. In this respect, home visitors are truly superwomen!"

The major problem in the health services area was the lack of available dental services, Mr. Taylor said. "Some programs are transporting families to dentists who are 200 miles away from their homes," he added, "but in spite of all these difficulties, Home Start programs have unusually strong health components."

Citing psychological services as the weakest point in the programs, Mr. Taylor suggested that the problem of lack of services in some areas might be resolved by the use of graduate students from local universities as part-time staff.

All programs, he concluded, were generally "on target" and many were exceeding the performance standards used for the ratings.

Fellenz Describes Derivation of National Home Start Model

Mr. Peter Fellenz of Abt Associates, Inc. (Cambridge, Mass.) told participants at the session on June 12, 1973 how his firm (the evaluation contractor performing the "formative" part of the Home Start evaluation) derived a national model for Home Start and then measured areas that were consistent or inconsistent with this model.

"In the beginning of the program," he said, "the early narrative case studies that Abt performed described each individual program without comparing it to any other. After a year of program operation, however, we needed to pool all this information and derive one national description of how the Home Start program meets the service needs of its families."

To build this model, Abt Associates reviewed all available information on the programs and relied heavily on the official Home Start *Guidelines*, the evaluation statement, and the proposals submitted by the local programs. Then, Mr. Fellenz said, an attempt was made to delineate areas in which all national needs and standards were being met, and those in which more work was needed.

According to Mr. Fellenz, Home Start has achieved major successes in three areas. First, the program has done exceptionally well in "getting off the ground" and serving families quickly after it began operating. Secondly, a "surprisingly large" number of people had a clear idea of Home Start's purposes and there was little if any dissent regarding the concept. Finally, the program has succeeded in having a very close match between the ethnic makeup of the home visitors and the culture of the families being served.

Abt Associates was concerned, however, whether a program of this nature could, at its funding level, serve 1,280 families nationwide as fully as the objectives stated in the *Guidelines* say it will. In addition, Mr. Fellenz expressed concern over the fact that many programs did not identify a specific person to be responsible for seeking and obtaining community services, and that home visitors had heavy workloads and, generally, fairly low salaries. He suggested that programs should further clarify priorities for the home visitors' responsibilities and should attempt to become increasingly involved with parents, rather than children, as the program progresses.

Deloria Says Future of Home Start Depends on Evaluation

Mr. Peter Fellenz, left, and Mr. Dennis Deloria discuss Home Start evaluation.

In his June 12, 1973 presentation to the San Diego Home Start Conference, Mr. Dennis Deloria of High/Scope Educational Research Foundation (Ypsilanti, Michigan) said that the future of the Home Start concept beyond 1975 (the expiration of its third year as a demonstration program) may depend heavily on the outcome of the summative evaluation which High/Scope is conducting.

"Although it is too soon now to present results," Mr. Deloria said, "and although the past year has been used for the purpose of testing the tests, the evaluation results in the coming years will be of utmost significance in determining what aspects of the home environment affect children the most, and how effective the Home Start program actually is."

High/Scope has attempted to select a battery of tests that will apply to as many children being tested as possible, within a wide range of cultures located in a broad geographic distribution, he said. In addition to trying to reflect the goals and objectives of the program, the evaluators have attempted to collect a broad range of measures in areas including health, nutrition, home environment, etc., as well as cognitive development.

Individual items on each test have been assessed regarding whether they provided a range for children to be able to show growth over a year's time span, and regarding whether each item yielded enough information to justify being included, and allowed for a meaningful score. Mr. Deloria said that the tests will undergo final revisions before October, 1973.

Tests planned for use include:

- Preschool Inventory (Educational Testing Service, 1968; Stanford Research Institute version, 1971)
- Denver Developmental Screening Test (Frankenburg, Dodds, and Fandal, 1970)
- Schaefer Behavior Inventory (Schaefer, Aaronson, and Small; Stanford Research Institute version, 1971)
- High/Scope Home Environment Scale
- 8-Block Sort Task (Hess and Shipman, 1968)
- Parent Interview
- Child Food Intake Questionnaire
- Height and Weight Measures
- Nutritional Status (using hair samples)

Tennessee Home Start Features Home Visits, TV Lessons, and Mobile Classroom

Mr. William Locke, Director of the Clinch-Powell Home Start program in Harrogate, Tennessee, described three phases of the program's educational component while giving a slide presentation to conference participants on June 12, 1973.

"We use the *Captain Kangaroo* television program as an important ingredient in our curriculum," Mr. Locke said. "The key to using TV in conjunction with a weekly home visit and a classroom experience is in coordination of these three components."

He explained that the Clinch-Powell program's home visitors use a special guide prepared weekly by one of their staff members. The guide contains ideas and activities related to the *Captain Kangaroo* subject matter for the week, as well as suggestions for other materials, books, and records that can be used as supplementary materials for Home Start children.

"We believe that day-to-day relationships and experiences form the basis of a child's growth," he said. "Therefore we ask our mothers to observe their children's reactions to the television program and report to the home visitor which particular programs in the series seem most beneficial to their children."

The teacher who staffs the program's mobile classroom also works to reach the objectives of the TV lessons and, in addition, gives the children opportunities for sharing, working together, and following directions.

Following the slide presentation, Mr. Locke played a tape containing unrehearsed conversations with parents in the program. Typical of parental reactions to the program were the following:

"Before Home Start, I didn't realize I had to play a part in my child's life before he went to school. Always before, I just said, 'No, you can't;' now I explain *why*."

"You don't understand children just because you're a parent; before Home Start, I used to simply say, 'Go play,' but now I'm interested in what my children are playing with and what they're learning."

'Captain Kangaroo' Sends Best Wishes to Conference

Mr. Robert Keeshan, television's "Captain Kangaroo," sent a telegram to the Home Start Conference which was read aloud to participants on Thursday, June 14, 1973, by Mr. William Locke, Director of the Harrogate, Tennessee Home Start program.

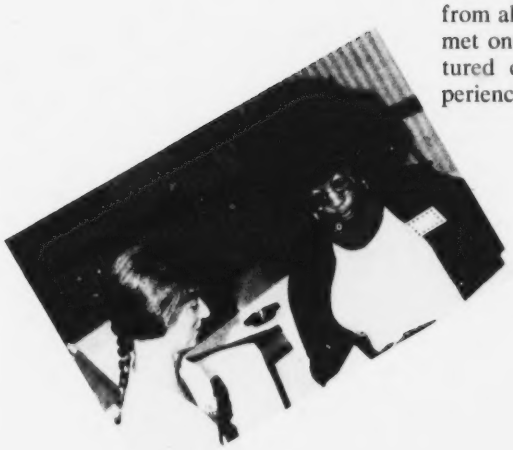
Expressing his apologies for being unable to attend, Mr. Keeshan wished the participants at the conference a fruitful and profitable time, and said he wished that he could share the experience with them.

Mr. Keeshan and the producers of the *Captain Kangaroo* show, Jim Krayer and Joel Kosofsky, visited the Clinch-Powell Home Start program in Harrogate, Tennessee in November, 1972. They met several Home Start families who view the program regularly as part of the Home Start curriculum.

Mr. Keeshan and the *Captain Kangaroo* staff have been involved with the Harrogate, Tennessee Home Start program from its very beginning, when they agreed to send advance scripts so that the Home Start program could prepare *Captain Kangaroo* viewing guides for home visitors and families.

Home Visitors Learn New Technique of Meeting People

At an afternoon workshop on June 12, 1973, home visitors from all 16 Home Start programs met one another during a "structured conversation," a new experience for most of them.



Based on the premise that often when people meet for the first time, they feel, "I'd like to get to know you, but I don't know how," the technique known as dyadic encounter * was employed through the use of a booklet called "Getting to Know You: A Home Start Experience," designed especially for the conference. Home visitors were paired off with other home visitors whom they had never met and were given a copy of the booklet to serve as the basis for their conversation. The booklet contained open-ended statements, ranging from "My name is . . . ." to "My role in Home Start is . . . ." to "My weakest point is . . . ." and "The thing that turns me on most in my work is . . ."

Stressing the importance of listening as well as speaking in any conversation, the booklet provided periodic "checkpoints" whereby the listener would be asked to paraphrase what the person speaking had just said, to ensure that the listener both heard and understood the speaker.

Home visitors were delighted with the technique. One of them summarized the experience: "Normally I'm very shy when I first meet a new person, but within the first ten minutes of conversation here, I felt as if I'd known my partner all my life."

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* Based on "Dyadic Encounter," Pfeiffer, William J. and Jones, John E. with Johanna Jones. *A Handbook of Structured Experience for Human Relations Training*. Vol. I, University Associates Press, P.O. Box 615, Iowa City, Iowa 52240.

(For a complete copy of the booklet "Getting to Know You: A Home Start Experience," see Appendix A.)

Massachusetts Home Start Stresses Creative Movement, Montessori

In a slide presentation to the San Diego Home Start Conference on June 12, 1973, Mrs. Rose Margosian, Director of the Gloucester, Massachusetts Home Start program, said that in addition to using standard educational toys and methods, the program has recently begun a series of workshops in creative movement for parents, staff, and children. "These workshops seem to be quite helpful in 'loosening up' both the home visitors and the families," she commented.

The program has also recently initiated the use of Montessori activities for the children, she said. Activities such as pouring beans from one cup to another and playing with colored water have met with much success.

The Gloucester program conducted an extensive training program for its staff. Dr. Burton White, the Advisory for Open Education, and Dr. George Witt (Director of the Life Enrichment Activity Program in New Haven, Connecticut) were among the consultants.

Seguin Outlines Role of Home Start in Head Start Improvement and Innovation Effort

In several workshops at the San Diego conference, Ms. Florence Seguin, Home Start Program Associate from the OCD National Home Start Office, discussed training considerations and concerns raised by Regional OCD staff regarding the home-based option.

Emphasizing that Head Start programs which decide to convert partially or totally to the home-based component should usually do so gradually, Ms. Seguin outlined the steps to be taken in making the decision to become home-based and stressed the need for proper training at all levels as the conversion (or partial conversion) takes place.

Ms. Seguin discussed questions including the qualities and role of a home visitor, the types of orientation necessary for a community, how to deal with a family after it leaves the program, how to serve families where both parents work, training priorities, program continuity, and needs assessment.

On all levels, Ms. Seguin stressed the need for effective communications, so that parents, community, and staff understand the goals, concept, and comprehensiveness of a home-based program, and can work together effectively.

(For a complete report of these sessions, see Appendix B.)

National Home Start Sound/Slide Show is Premiered

The June 12, 1973 dinner meeting of the San Diego conference featured the premiere of the national Home Start sound/slide presentation, entitled "Home Start: A Partnership With Parents."

Containing slides selected as representative from slides submitted by a number of the 16 demonstration Home Start programs during the past year, the presentation described the history of Home Start in the context of other home-based programs, and discussed the components of the Home Start program in detail. An important part of the presentation focused on considerations important for Head Start programs interested in the home-based option as part of the Head Start Improvement and Innovation effort.

Produced by the Education and Development Corporation, the presentation will be available at a cost of $23.50 per set. For information, contact Mr. Oscar Lott, President, Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201; (703) 522-2950.

Ohio Program Highlights Health Education

Ms. Dell Graham, Director of the Cleveland, Ohio Home Start program, stressed the need for health and nutrition education in her slide presentation at the Home Start conference on June 12, 1973.

"In our program, the nutritionist does comparative shopping at various grocery stores and shares the information she obtains with home visitors, who in turn help families get the best nutritional value for their money," she said. "As another part of the nutrition component, we use U.S. commodity foods to give our families food demonstrations and show them how to cook low-cost foods both nutritiously and deliciously," she added.

Children and families are also given comprehensive education in home safety and proper health care, she said, and often visit the health museum, doctors, and dentists to get acquainted before they actually have physical or dental examinations.

The Cleveland program's home visitors often speak to local groups to ask for volunteer assistance, community resources, and other help, she said.

Overacker Calls Home Start Innovative Program

At an evening dinner meeting, June 12, 1973, Mr. Robert Overacker (Regional Program Director for OCD in Region IX) welcomed Home Start conference participants to San Diego, telling them that "Home Start is one of the most innovative programs I've ever seen."

Referring to Home Start as a special group with significant strengths to offer in conjunction with Head Start, Mr. Overacker stressed the need for all programs to work together in a spirit of cooperation and good will.

"We must have programs such as these Home Start programs for children," he said, "and it is my hope that we can work together in harmony and unity to continue helping our country's children."

The San Diego Home Start program made it possible for conference attendees to enjoy a variety of culturally-oriented meals, complete with entertainment. On Tuesday, June 12, a dinner meeting was combined with a Mexican buffet featuring a mariachi band and authentically costumed dancers. The following evening featured a Filipino-Polynesian feast (complete with roast pig) at the San Diego Head Start Workshop, and dinner was followed by a series of Filipino dances performed by members of the Phil-American Society and Cultural Arts Troupe (PASACAT). Finally, on Friday, June 15 a luncheon was held at a popular Japanese restaurant in San Diego, and participants enjoyed a wide sampling of Japanese delicacies.

Kresh Explains Evaluation Plans

In a general session on June 13, 1973, Dr. Esther Kresh, OCD Project Officer for Home Start Evaluation and Acting Director for Research and Evaluation at OCD, outlined plans and goals for the Home Start evaluation.

"There are two major parts of the Home Start evaluation," Dr. Kresh stated. "First, we want to see how valuable Home Start is, as compared with no program at all. Secondly, we need to know whether children and families can develop as well in a home-based program as in a center-based program."

Emphasizing that there will be no attempt to compare Head Start to Home Start regarding which is a better delivery system, Dr. Kresh assured participants that both programs are necessary and that the purpose of the evaluation is to present a number of tested approaches so that eventually communities and families can choose for themselves the delivery system that best suits their needs.

Although all 16 programs will be involved in some aspects of the evaluation, budget constraints made it necessary to limit the testing to six sites, Dr. Kresh explained. She added that four of these six sites have nearby Head Start programs in which children are enrolled for more than 1 year before they enter school. In these four sites, Head Start children will form a comparison group and will undergo the same tests as children in Home Start during the second year of the program. In the third year all Head Start children will be tested in all six sites.

Speaking in defense of tests, Dr. Kresh acknowledged the fact that many tests have individual bad items and that they should not be used as the sole means of classifying children, but she emphasized that tests can be very fair diagnostically in terms of evaluating children's knowledge and skills, assessing how far children have progressed, and showing how programs can assist children to acquire these skills.

In closing, Dr. Kresh stressed that every dollar spent on evaluation is in fact a service to children, because it helps to assess how a program is doing, how it can improve, and how to do more for more children in the long run.

'Fun in the Making'

One highlight of the conference presented at the June 13, 1973 session on Home Start and the Head Start I&I effort was the showing of a new film developed by Education and Development Corporation (Arlington, Virginia) for the Office of Child Development's Children's Bureau.

Entitled "Fun in the Making," it was designed as part of an experimental effort to improve communications with parents by providing them with audio-visual information in addition to the usual written materials such as booklets and pamphlets.

Centering on various ways of using "throw-away" materials available in most homes to help children develop, the film featured a diversity of ideas for toys made from egg cartons, aluminum pie pans, styrofoam food trays, paper bags, oatmeal boxes, and other items commonly found in the home.

The film stressed that materials should be clean and harmless and that a place should be found to store them until they are used.

Ideas presented included making a sailboat from a milk carton and cardboard; using paper bags to make masks and costumes; threading old spools of thread on yarn to make a necklace; gluing seeds, grasses, and leaves on a piece of paper to make a picture; and creating a homemade orchestra by making tambourines from pie tins, drums from oatmeal boxes, and a banjo using a shoebox, rubber bands, and a cardboard roll for the handle.

The film is available at a cost of $16.50 per copy from Mr. Oscar Lott, President, Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201; (703) 522-2950.

Program Directors Raise Evaluation Questions

At a session on June 13, 1973, Home Start and Head Start Program Directors met with Dr. Esther Kresh, OCD Project Officer for Evaluation, and Dennis Deloria and Peter Fellenz (of High/Scope Educational Research Foundation and Abt Associates, respectively) to clarify questions regarding evaluation and discuss plans for the future.

"The basic evaluation design for the coming year consists of three parts," Mr. Deloria stated. "First, we will evaluate children enrolled in the Home Start program and assess how they change from the fall of 1973 to the fall of 1974. Secondly, we will collect data on a group of children who have been recruited but not enrolled in Home Start yet and compare their growth to that of children receiving full Home Start benefits. And, third, in four of the six Home Start programs being tested, we will also compare Home Start children to Head Start children to see if there are any differences in growth and, if so, what kind. In addition, we will collect information to help us study costs of Home Start."

In response to a question regarding whether a cost-effectiveness analysis would be accurate since Home Start staff often share the costs of staff, training, office space, and other supportive services with Head Start, Mr. Deloria assured programs that every effort would be made to identify these real costs as fairly and as accurately as possible.

Dr. Kresh explained that the recruitment age will remain the same and some 3-year-olds will still be recruited, so that the programs can enroll some families for 2 years and others for 1 year. She added that one-half of the families must be new to the program in September, 1973 so that 40 new children will be entering the program in the fall.

When asked what to do if a family on the waiting list for Home Start decides to enroll in Head Start rather than wait for Home Start, Dr. Kresh stated that this family could then become part of the Head Start comparison group.

One concern raised by several programs involved whether children who have been in Home Start and then enroll in Head Start or other preschool programs would be tested. Dr. Kresh assured program directors that since only 40 Head Start children would be tested as part of the comparison group, there should be plenty of other children who had not had prior Home Start experience who could be tested.

Directors from the 10 programs which are not being tested as part of the evaluation asked what sort of assessment measures they could legitimately use on their own. Evaluators suggested that any such assessment should be as informal as possible, since the establishment and implementation of a formal experimental design to assess a program takes time to train testers, usually requires that a control or comparison group be found (which is often hard to do), and takes time away from home visitors.

Mr. Deloria also suggested that programs could select tests that they feel would be useful from the ones being used in the six programs being tested; however, he cautioned programs not to emphasize scores but to use such pretests as a guide to scheduling activities for home visitors to undertake. Any programs which are not now part of the summative (testing) evaluation, but which wish to use tests or measures on their own, must contact Dr. Kresh for her approval of their plan.

With regard to site visits to programs by evaluators, Dr. Kresh emphasized that these are not meant to provide technical assistance or administrative direction to programs, and she enlisted the aid of all evaluators in giving Home Start Directors at least 2 weeks' notice prior to making site visits.

Program directors and coordinators are, top row, from left: Rose Margosian, Allana Elovson, JoAnn Braddy, Sheri Noble, Estella Aguilar, Dell Graham, Betty Besser, A. B. Leonard, Mary Martin, Elsie Earl, Westeen Holmes. Bottom row, from left, Mike Greenan, Susie Pahl, Louis Conn, Bill Locke, Niilo Koponen, Kyo Jhin, Janetta Gilliam, Shirley Young, and National Home Start Director Ann O'Keefe.

'Your Mother is Your Teacher'

"Here comes my teacher," shouted a little boy in the Houston, Texas Home Start program.

"I'm not your teacher. My name is Shirley. Your mother is your teacher," came the cheerful response from his Home Start home visitor.

Comments like these were plentiful as home visitors gathered in small group workshops at the San Diego Home Start Conference on June 13, 1973 to share their experiences of the past year.

Concerns ranging from how to individualize home visits with different children to what home visitors perceived as their immediate needs were discussed. A large portion of the discussion centered on how to increase parent involvement, and home visitors generally agreed that perseverance was the most successful tool. Home visitors in one program said that for about the first 9 months there had been almost no parental interest in the program (beyond working with their own children), but suddenly attendance at parent meetings skyrocketed and they are now extremely popular.

Visitors agreed that they perform many different functions daily, some of which are not even in their job descriptions. As one visitor put it, "We are phone-answerers, clerk-typists, and messengers just as much as we are educators, social service specialists, and health care specialists. Everyone in our program knows how to refer a family in need to the proper agency, not just our social services coordinator. Everyone also occasionally answers the phone. We enjoy cooperating with each other."

In the Laredo, Texas (Migrant) program one home visitor mentioned that it was often necessary to schedule home visits and parent meetings at night rather than during the day, since the migrant workers are in the field all day and often take their children with them.

In general, participants felt that flexibility was one of the most important characteristics for a home visitor to have.

"You have to play it by ear," said one home visitor. "If you walk into a home and the parent seems upset, you may spend 3 hours talking about the family's problems and you may never get to that flannel-board you made for Johnny and his mother to play with."

Two points emphasized by all staff members were that a home visitor should never lie to her families (if she doesn't know where to refer them, she can find out) and that she should never be impatient.

"It's the family's agenda and needs that are important," summarized one visitor, "and we must never lose sight of this."

Assessing and Meeting Individual Needs is Key Element in Home Start

In a workshop on June 13, 1973, conference participants agreed that one of Home Start's most important features focused on individualizing activities according to each family's needs. The question, however (as expressed by group leaders Mr. Howard Lesnick, consultant to the national Home Start office, and Dr. Allana Elovson, Director of the San Diego Home Start program, is how does a Home Start program go about assessing and meeting individual needs.

Participants agreed that there are three groups who can assess a family's needs: (1) specialists in given areas within the community who perceive specific needs, (2) the families themselves, who can answer questionnaires and interviewers about the needs they perceive, and (3) home visitors, who observe the families and may perceive other needs.

The group felt that as much data as possible should be gathered on each family so that the comprehensive needs of the family could be assessed and subsequently given priorities. One problem mentioned was that sometimes a disparity exists between the needs as expressed by an individual family and the overall program goals and objectives.

Questions such as how do you consider the child's, family's, and staff's needs concurrently, how do you decide which of a family's needs may be causing parental non-involvement with Home Start, what determines the "greatest need," and how do you find out how families themselves assess the needs of their children met with long and serious discussion.

In the course of the workshop it became evident that almost every Home Start program was using some kind of observation checklist, form, or record as an individualized needs assessment profile for each family. Program directors agreed that, although it would be impossible to standardize such a checklist due to many problems unique to certain areas, it would be most helpful to share these profiles with other Home Start programs and Head Start I&I programs.

In summary, participants agreed that the community should be asked to assess its overall needs, available resources should be explained to families who would then express their family needs, and home visitors and other staff members would also assess needs to arrive at as global and realistic a picture as possible.

Alaska Program Encourages Volunteers

"Children need your help and your hands" was the theme of a film shown at the Home Start conference by the Fairbanks, Alaska Home Start program. Emphasizing the need for volunteers, the film showed volunteers teaching children that fish are nutritious, taking Head Start children to the beach to dig for clams, preparing a native meal with children, and making puppets and toys with children.

The invaluable contribution that volunteers can make in lightening staff members' workloads and brightening children's days was stressed. The film showed how volunteers could help to enhance children's pride in their culture and background through telling stories about the "old days," teaching children to make carved seals and snowshoes, and assisting children with sewing lessons in making moccasins, necklaces, and other items.

Judge Discusses Handicapped Children

"In one sense, we could say that every child is handicapped," began Dr. (Dom) Joseph Judge, American Academy of Pediatrics consultant to Home Start, at his June 13, 1973 workshop on handicapped children.

"For example, even the child who wets his pants in school is handicapped to a certain degree. But for this discussion we will use the term 'handicapped' to describe children who have brain damage of some kind, muscle damage (such as cerebral palsy), convulsive disorders (such as epilepsy), or some lack in one or more of the five senses (blind, deaf, etc.)."

Emphasizing that it is important for parents and others to understand the personality characteristics of brain-damaged children so that they can be more patient with such children, Dr. Judge said that most brain-damaged children are unable to concentrate, are continually overstimulated, and often over-react to sounds or sights which normal children tend to "filter out" as background stimuli. He suggested that a quiet environment with objects removed that children are "not supposed to touch" supplies a good starting point for helping a brain-damaged child concentrate.

When brain-damaged children finally grasp a concept successfully, he added, they often repeat it again and again.

"Such children have a fear of failure that prevents them from moving on to learning a new subject—for example, a new letter or number," Dr. Judge said.

Children who cannot perform sensory motor tasks often talk instead, he noted. Their extreme awkwardness often stems from being uncertain how their own bodies relate to space.

Dr. Judge listed the following possible causes of brain damage, and cautioned Home Start programs to educate mothers about prevention of such problems: (1) lack of oxygen at birth, (2) prematurity (often caused by nutritional deprivation or cigarette smoking), (3) Rh factor (foreign material deposited in the brain), (4) long and difficult labor, especially with first-born babies, resulting in damage to the baby's head, (5) exposure to diseases, such as German measles, during the first 3 months of pregnancy, and (6) exposure to X-rays during pregnancy.

In mentioning other handicaps, Dr. Judge commented that poor speech is frequently a manifestation of poor hearing. "It is not necessarily a physical hearing problem," he said, "but one of not understanding the words that they hear and not discriminating among individual sounds because people are talking too fast."

Following some group discussion, the film "A Child is a Child" was shown, depicting handicapped children being treated with love and affection and emphasizing similarities between handicapped children and normal children. For more information on obtaining this excellent 7-minute color film contact Dr. Linda Randolph, c/o Office of Child Development, P.O. Box 1182, Washington, D. C. 20013 (phone: 202/755-7768) or Dr. Molly C. Gorelick, Preschool Laboratory Project at Northridge, California State University, 18111 Nordhoff St., Bldg. J-1, Northridge, California 91324.

Home Start Serves the Handicapped

The role of Home Start in serving handicapped children and their families was the subject of a workshop at the Home Start conference on June 13, 1973, led by Dr. (Dom) Joseph Judge (American Academy of Pediatrics consultant to Home Start) and Dr. Rebekah Shuey (OCD Region IX Children's Bureau Specialist).

In response to the question "what constitutes a handicapped child," Dr. Judge said that the answer cannot be completely definitive because some element of judgment is involved in borderline cases.

"For example, there are degrees of cerebral palsy," he said. "The condition may be slight in some cases, so that the only easily noticeable symptom is that the child is awkward. Even professionals and specialists might decide differently as to whether a certain child should be classified as handicapped."

The point was also made, however, that in reality this is often not a difficult matter for the home visitor. She is responsible for observing carefully all the children in the family and noting any handicaps or apparent handicaps. If a child is obviously handicapped, the home visitor should gradually and tactfully learn what is being done to help the child. In many cases, since the parents will have been aware of the problem for a long time, they will have taken the child to doctors and other specialists for examination and treatment, and the child may already be getting the necessary and appropriate special help. When this is not the case, the home visitor should of course use initiative and diplomacy in encouraging the parents to secure the help of specialists and special facilities necessary to the youngster's full development.

On the other hand, it was emphasized that the home visitor should never force actions on the parents nor should she try to take the matter out of the hands of the parents. Persuasion and education are the tools of the home visitor, and with training and support, she will be able to get the best results for the children that are possible under any given set of circumstances.

Dr. Judge suggested that in some cases the home visitor may be instrumental in getting the handicapped child enrolled in a special school or training facility, at least on a part-time basis.

"Since seriously handicapped children can be heavy drains on the emotional and physical resources of parents, sometimes just getting the handicapped child out of the house and into a special developmental program—for even a few hours a day—can go far toward helping the parents sustain their best efforts for the child at home," he said.

In any event, it was stressed that the home visitor should not undertake any more responsibility than she is qualified to handle. Definitely or seriously handicapped children should be referred to specialists, found through inquiries to local agencies, such as health departments. They will at least provide examinations and diagnoses, and will make recommendations if the home visitor gets them involved.

An important point was also made that the parents must agree to seek this kind of help. When parents refuse to seek this kind of service for their handicapped child, the home visitor can only report the facts to her director and/or other program specialists. In turn they can try to intervene with the parents on the child's behalf, and in serious cases, may alert specialized agencies of conditions with which they are qualified to cope.

Dr. Judge also cautioned that even when the child has been referred to a special agency by the home visitor, this does not necessarily guarantee good results, since these agencies are often overloaded and overworked. "Following up courteously but persistently is the key to the home visitor's success in getting results when the wheels of bureaucracy have come prematurely to a halt, or are grinding too slowly to meet an urgent need," he said.

Dr. Shuey mentioned that the home visitor can help in a number of other ways. For example, if special exercises are prescribed for a child, the home visitor can encourage the parents to be sure that the child is taking them as advised. She can also help obtain special exercise equipment that may be needed, or even help a father figure out how to build such equipment for the benefit of the child.

The question was asked whether a 10 percent handicapped goal is a local, regional, or national requirement. It was explained that the requirement is applied regionally; thus every local center does not have to meet the exact 10 percent goal.

It was suggested that a check list be developed on which the home visitor can indicate the characteristics of each child in the family. This can serve as a valu-

able resource for professionals and specialists, who can then review and evaluate the home visitors' observations and professionally interpret signals that indicate a possible serious situation needing special attention.

The group stressed that care should be taken not to classify children as having a speech impairment just because they lack the ability to speak English. This is a language training problem, and not one calling for the services of a speech therapist.

Dr. Judge also stated that if a child's handicap is overcome, the youngster can be reclassified as non-handicapped. An example would be a youngster found to have a serious vision impairment that is then corrected with proper glasses.

He emphasized that when a home visitor asks for help for handicapped children, it is very important for her to supply as much information on the child as possible, so that the need is clearly and specifically understood by the professional responsible for following up on the problem. In many cases, he added, the handicapped child can be included in all or almost all activities fostered for the other children in the family, and at the same time be getting any specialized help he needs.

In summary, Home Start has the following important responsibilities in regard to handicapped children:

1. Find out who in the State has responsibility for helping the handicapped child who is not getting needed services, and then get the parents and child to that agency.
2. Help parents obtain and maintain *continuous* service for their handicapped child. If the service is dropped, the home visitor should take the initiative to find out why. It may be that the parent is dissatisfied with the service over a matter that can be resolved, or that he may be discouraged by problems with transportation, for example.
3. Home visitors should report regularly to their director on the services arranged for and the progress of handicapped children. This "tracking" of these children is very important for the children, and for record-keeping purposes.
4. Home Start staff should be familiar with recent OCD issuances and guidance on serving handicapped children, which were included in each participant's special conference packet on handicapped children.

In closing, Dr. Judge said that although many handicapped children need group experiences with other children (for which enrollment in a Head Start center may be desirable), home visitors can also help the parent to be more effective with the handicapped child in his own home.

"Home visitors are often able to motivate parents and get them started in new directions with handicapped children," he said.

Navajo Families Perpetuate Cultural Heritage

"Most Navajo families don't work in regular jobs, but they weave rugs, make blankets, and fashion silver and turquoise jewelry," explained Ms. Elsie Earl, Director of the Navajo Home Start program in Fort Defiance, Arizona.

Slides shown on June 14, 1973 depicted a variety of crafts being practiced by Navajo families and emphasized activities specific to the Navajo culture.

"Home Start has delighted our parents because it respects our heritage," Ms. Earl continued. "Our parents feel that Home Start is educating parents and children, but not separating them, and this is a major achievement."

Parents are involved in training with home visitors, she said, and home visitors assist with program planning so the job of every staff member is varied. Training encompasses areas ranging from how to obtain emergency food to instruction on recordkeeping.

Performance Standards to Serve as Yardstick for Measuring Home Start Programs

In a workshop on June 13, 1973, conference participants met with Mr. Pete Luttermoser, OCD Region X Chief of Operations, to discuss implications of the newly revised Head Start performance standards for Home Start programs, OCD Notice N-30-364-1, dated January 8, 1973.

Mr. Luttermoser stressed that most of the performance standards are not new, but are a restatement of work that Head Start programs have been performing for years. Although some of the sections do not apply to Home Start since they were designed for center-based programs, he urged the group to decide which ones applied to their individual programs and use these as a benchmark or yardstick to measure Home Start program performance as a means of self-evaluation.

After breaking up into small groups to discuss the various component areas, the workshop participants made the following comments:

1. **Education**

Participants were concerned about whether the objectives stated for the education component were feasible for Home Start. They pointed out that the "educational staff" referred to was not a term that could be applied to most Home Start programs, in which home visitors (and occasionally an educational coordinator) performed these, as well as many other, functions. Regarding the criteria that there be "adequate space," Home Start programs mentioned that often this was not available in the homes they served. In general, however, they felt that the overall educational objectives were feasible for Home Start.

2. **Social Services**

Home Start staff saw no problems in complying with performance standards for social service, and will use these as a guidepost to check their program's progress.

3. **Parent Involvement**

Participants felt that no problems would be encountered in meeting all parent involvement performance standards, but they pointed out that the standard which states that "participation of Head Start parents shall be on a voluntary basis and shall not be required as a condition for the child's enrollment" could not be strictly applied to Home Start, since in Home Start a parent must be present for home visits, even though parents are not required to attend group meetings. The group suggested that group training be given to parents and home visitors simultaneously, and that parents should be encouraged to become involved in and help with program decision-making as much as possible.

4. **Health**

The health performance standards posed the greatest number of problems for Home Start programs. One program mentioned that it would be difficult to have their limited health personnel also serve on a Health Services Advisory Committee. Regarding the provision of complete medical and developmental histories for each child, programs commented that often clinics examining Home Start children refuse to release this information, due to confidentiality problems. It was mentioned that Home Start often places more responsibility on involving the parents in medical examinations than Head Start does, and that sometimes it seems to be more difficult for Home Start programs to obtain health records than for Head Start programs.

Some programs also expressed problems with transportation to, and availability of, services such as speech and hearing screenings (particularly in rural areas). Since Home Start does not provide food to children in the way that Head Start does, participants agreed that the majority of the performance standards regarding nutrition dealing with food service would not apply to Home Start.

Jhin Urges Maximizing Resources

"We must maximize our use of community resources, and minimize their waste," said Dr. Kyo Jhin, Director of the Huntsville, Alabama Home Start program in his June 13, 1973 address to all participants at the Home Start conference.

In his TARCOG (Top of Alabama Regional Council of Governments) Home Start program, Dr. Jhin related that he had used the resources of approximately 50 different agencies (on the national, regional, state, and local levels) in the first 5 months of program operation. Estimating that these resources represented the equivalent of about $97,000, Dr. Jhin said he hopes to have obtained $250,000 worth of services by the end of the program's first year of operation.

The key to obtaining these services at no cost, Dr. Jhin asserted, lies in contacting a variety of people and letting them know about your program. By using this approach, for example, he helped the Alabama State Department of Education decide to televise the *Around the Bend* program used as part of TARCOG's Home Start curriculum on a statewide basis (an estimated savings to Home Start of $17,000) and to send over 100 of his Home Starters to an amusement park similar to Disneyland at no cost.

Using the letters in the words "Home Start," Dr. Jhin and the audience came up with the following suggestions for mobilizing community resources:

H—Help Have-nots be Happy
—Have Heart
—Be Humanistic and love children

O—Organize
—Understand your Objectives
—Be an Optimist

M—Maximize utilization of resources available
—Minimize waste of resources
—Make sure you involve resources in program planning and implementation from the program's inception
—Make use of parents and your Policy Council

E—Be Enthusiastic; let people know you're committed to Home Start
—Be Efficient in administering your program
—Share your Excitement about children with others

S—Seek help from agencies
—Be a Salesman for *children;* be diplomatic, and use all media available

T—Be Thankful for the opportunity to work with and help children; remember, "you can't buy a child's smile"
—Thank the agencies that help your program and its children

A—Acknowledge contributions from your community and other agencies; present certificates or plaques to people who have helped you, or acknowledge them through your contacts with the news media
—Recognize your Accountability and your responsibilities regarding fiscal, program, and evaluation matters
—Be Agency-knowledgeable; read booklets on resources and use them; do research, if necessary

R—Be Realistic and use common sense
—Be Responsive to the needs of children and their parents
—Encourage good Relationships between parents and home visitors
—Keep accurate, complete Records

T—TOTAL commitment and dedication to children and Home Start

In closing, Dr. Jhin reminded programs that they must "speak up to be heard" and urged them all to adapt his techniques for mobilizing resources to their own local needs.

(The complete text of Dr. Jhin's presentation can be found in Appendix C.)

Utah Home Start Conducts Self-Evaluation

"It was a unique experience; we had a few tense moments, but on the whole we know and understand each other a lot better now," said Mrs. Sheri Noble, Director of the Millville, Utah Home Start program in describing the program's self-evaluation sessions to conference participants on June 14, 1973.

In February, 1973, Mrs. Noble and all of her staff members set aside several days to assess their program's strengths and weaknesses and discuss ways of improving program quality. Using as models the program's Head Start evaluation performed several years ago, the Head Start Performance Standards, and the program's Home Start proposal, the staff divided the program into components including education, administration, social services, parent involvement, health, psychological services, and nutrition. The staff did an overview for each component, listing its strengths and weaknesses and making recommendations complete with deadlines for each. The parents from five Home Start families also participated in the evaluation process.

"The amazing thing was that not only did we come up with a very constructive set of recommendations, but we were able to implement some of them immediately," Mrs. Noble said.

The Utah staff has written up their recommendations in report form and is now using a chart to track which recommendations still need to be completed, who is responsible, and what date they are completed. As followup, the program plans to write a quarterly report to ensure that they are following up on recommendations made as planned.

Staff members noted that the entire process had developed more staff unity, and said they felt that the process itself was as important and valuable as the finished product.

When asked how they would do things differently next year, Mrs. Noble replied that the staff would try to address more of the questions to goals and objectives stated in the Home Start proposal, and remarked on the need for staff members to be aware of a variety of measurable objectives.

Mr. Peter Fellenz, from Abt Associates, Inc., suggested that the whole process would be easier if it were built into the program from the very beginning, so that quantifiable measurable objectives were stated. Pointing out that any evaluation can only be as good as the objectives it is measuring, he suggested that programs devise crisp statements of what should happen to make their programs work. Included with such statements should be a series of deadlines (so that it can be easily seen whether an objective has been met) and a list of who is responsible for the completion of each objective. Such date-oriented objectives could be reviewed at monthly staff meetings so that the entire staff can keep up with the progress of the program.

As another suggestion, he added that often staff members need help from their supervisor or the program director. Therefore, in setting up their forms listing objectives, programs should leave the last column open to outline problems that may be encountered or to delineate areas where help may be needed from someone.

In closing he suggested that programs should either shape their monthly agenda from such a monthly activities sheet or put out a snappy newsletter with a calendar on the back, to remind staff members of deadlines for meeting these objectives.

West Virginia Program Involves All Ages

"The Parkersburg, West Virginia Home Start program involves people of all ages, from infants to senior citizens," began Ms. Susie Pahl, Director of the program, in remarks accompanying her slide presentation at the Home Start conference on June 13, 1973.

"We have families which encompass newborns all the way up to great-grandparents, and we try to provide some activities to interest every age range," she added.

Parents and volunteers are needed for every trip to the doctor and dentist, because such facilities are 150 miles away, she explained. The program was fortunate in securing the services of a volunteer dental hygienist who screened the children's teeth.

Due to the isolation of the program, staff often must become involved in many different projects ranging from housing projects to finding an attorney to explain legal rights to a family, she said.

Importance of Home Safety Emphasized

Dr. (Dom) Joseph Judge, left, and Mr. James Shelton listen to remarks by Mr. Oscar Lott, right, prior to the showing of the film "Child Safety in the Home."

In a workshop on June 14, 1973, led by Mr. Jim Shelton (Home Start Regional Representative for Region IV) and Dr. (Dom) Joseph Judge (American Academy of Pediatrics consultant to Home Start) participants discussed the need for preventive measures to maximize safety in the home.

The workshop began with the showing of a film, "Child Safety in the Home," which was produced and developed by the Education and Development Corporation (Arlington, Virginia) for the Office of Child Development. Dr. Frederick C. Green, former Associate Chief of OCD's Children's Bureau and narrator of the film, points out early in the presentation that although parents want to give their children all the love and protection possible, thousands of babies and young children die each year from accidents in their homes. Many of these accidents happen simply because parents are not aware of situations in the home that are hazardous to children, don't know how to avoid accidents that can result from these hazards, or may not know what to do if an accident does occur.

Beginning with the newborn baby, the film makes the viewer aware of the various kinds of accidents that are most common to each developmental stage. It is particularly instructive on what to do in each situation to avoid the accidents. In this way the viewer can learn to anticipate what hazards exist in the home and may be able to protect the young child more effectively.

Safety measures for babies learning to crawl, sit up, and walk are dealt with in subsequent portions of the film, and the last section of the film tells how to be prepared if an accident should occur. It includes such guidelines as: preparing a comprehensive emergency telephone list which should be kept next to the phone; having and practicing a family escape plan in case of fire; taking a first aid course; keeping a first aid chart posted; keeping a supply of items needed to treat any emergency; and acting quickly and calling for help.

After the film, the group discussed some types of accidents which they have seen in the homes they visit and suggested other resources that Home Start programs could tap, such as fire departments, poison control departments, police departments, insurance companies, and private industry off-the-job safety programs.

Next, Mr. Shelton provided an illustration of a home showing approximately 29 hazards in and around the home and asked the group to identify these hazards. The group then discussed the role of the home visitor as a health and safety educator for families she serves. As such, home visitors should help families identify who to contact in an emergency—doctor, hospital, pharmacist, or licensed Red Cross nurse; give some practical information on accidental poisoning along with other resources for materials and services; and inform their families about dangerous toys, furniture, plants, overloaded circuits, etc.

Mr. Shelton then introduced the "Three E's of Safety" (enforcement, engineering, and education) and emphasized that education directly affects the home visitors who have an obligation to educate the families they serve about home health hazards.

Dr. Judge's closing remarks referred to the home visitor as possibly the most effective means of getting safety information into homes.

"The home visitor is in a unique and enviable position with the opportunity to provide both education and services in safety to families in their own homes," he said. "With the trust and rapport they establish with the parents and families they serve, they can accomplish in one year what it takes organizations many years to do."

He concluded by suggesting that perhaps an effort might be made on Home Start's part to instigate a national movement backed by government to develop the kinds of safety services families need.

Regional OCD Staff Discuss Home-Based Option

In addition to attending sessions on June 12 and 13 dealing with Home Start and the Head Start Improvement and Innovation (I&I) effort, Regional OCD staff met with Dr. Ann O'Keefe, National Director of the Home Start program, on June 14, 1973, to discuss how to implement the home-based option.

Questions included what needs of a child indicate that he should be enrolled in a home-based rather than a center-based program, how to train staff for a home-based program, how to find out if the community wants such a program, and what materials or assistance exist to help programs once they have decided to become home-based.

Dr. O'Keefe noted that there are several Home Start publications already in existence that have proved to be helpful in the I&I effort, and added that a training manual is being written for Home Start and other home-based programs and should be available in the fall of 1973. She also mentioned that Home Start is compiling a directory listing resource people skilled in home-based programs and a directory of other home-based programs, and suggested that statewide training sessions be conducted using home-based programs as resources. She emphasized that the national Home Start office is directing its attention to the I&I effort as well as to the 16 demonstration Home Start programs.

With regard to requests for information by Regional staff on the Home Start demonstration program, Dr. O'Keefe said that requesters should seek input from as many sources as possible, but that Regional offices should take the responsibility for reproducing materials in large quantities developed by the national office.

It was suggested that Regional offices should organize either a State or Regional training day consisting of workshops to pull together Head Start programs statewide for training on the home-based concept.

A request from a program director was also relayed to Regional staff, asking that Regional or State Training Officers coordinate all requests for visits to Home Start programs so that as many people as possible would visit the Home Start program on a given day, rather than having visits spread out over a longer period of time.

Texas Program Builds on Migrant Culture

"When it rains in the winter, our families often spend 3 solid weeks in their homes with no work and no roads on which to go anywhere," said Ms. Estella Aguilar, Director of the Weslaco, Texas (Migrant) Home Start program in remarks accompanying a slide presentation on June 14, 1973.

"As part of the Migrant culture, families only work part of the year anyway, so we must structure our program around our families' needs."

Although many parents were shy at first, she said that now often the whole family participates in home visits and viewing *Sesame Street* (used as part of the program's curriculum) with the children. She emphasized that home visitors begin with very simple toys and activities for the children, so that their families will not be embarrassed or overwhelmed.

Families have participated in a variety of field trips to the zoo, picnic areas, and Easter egg hunts so far, as well as in other areas.

Arkansas Program Enlists Parents to Individualize Activities

"Our program has developed a weekly educational guide that the home visitor delivers to each home, but we don't pretend that we know all the answers to each family's individual goals for its children," said Mrs. JoAnn Braddy, Director of the ARVAC Home Start program in Dardanelle, Arkansas.

Showing slides on her program on June 14, 1973, she emphasized that each family adds its own activities to the guide for its children, to make it as individualized as possible.

Home visitors have taught several mothers to read and write during the last year and all home visitors have had instruction in the Laubach method of teaching reading to adults, she said.

Although the program is in a rural area and resources are scarce, it has been able to share staff (such as the nurse) with the Head Start program and has found a volunteer dental director to contact dentists for appointments for Home Start children.

Trainers and Educational Coordinators Share Experiences and Ideas

Regional and State Training Officers and educational coordinators of the 16 Home Start programs shared ideas and suggestions on training at a workshop of the San Diego Home Start Conference on June 14, 1973.

The discussion centered around what constitutes the education component in different programs, what resources people have used for training for the program as a whole, how training relates to problems, and how programs which share staff with Head Start train also for Home Start.

It was suggested that a broad bi-weekly curriculum outlining concepts, activities, and resources available be given to the home visitor, so that she can select activities appropriate to her family's objectives and goals. Parent guides could also be distributed for follow-up activities.

One program has devised a checklist for the educational coordinator to ensure that large-motor, small-motor, language, and social relations activities are covered each week. Suggestions from self-evaluations of the program are also often helpful. It was noted that if a program has not yet set objectives, it is an easier process if the program begins with specific, concrete objectives and later formulates more general statements.

A Wichita, Kansas Home Start staff member suggested that retired people and senior citizens are often useful for training suggestions, often want to help, and can usually furnish their own transportation and supplies.

Many programs mentioned that they have found Dr. Thomas Gordon's *Parent Effectiveness Training* an excellent and valuable training tool. (See Appendix B for more information on Dr. Gordon's course).

In general, participants felt that training for Home Start should not be combined with Head Start training on a regular basis. They pointed out that home visitors are involved with the whole family in a home setting, while Head Start teachers are more classroom-oriented since they deal predominantly with the child in a classroom setting. Also, because Head Start is a more established program, it has fewer needs for the solution of new problems than does Home Start. Finally, although some child development topics are of equal interest to both programs, the methods used by the programs often differ considerably.

Regarding the use of consultants to assist with training, most participants felt that consultants are most valuable when a program is just getting started and that as training progresses, the program could rely more on its own staff people as resources except in cases where the advice of specialists was needed. Everyone agreed that diversity of backgrounds and needs as well as cultural differences should be taken into account in planning a training program.

The Huntsville, Alabama program suggested that if parents are involved in training from the beginning, staff and parents can more easily become friends and parents are less likely to be afraid of supervisors entering their homes on home visits.

Programs expressed enthusiasm over the fact that some staff members have been able to receive credits from junior colleges for participating in Home Start training sessions or attending workshops or conferences.

Everyone was interested in learning more about the Child Development Associate (CDA) credentialling process. (Note: Information on the CDA program and curriculum can be obtained from *The Child Development Associate Training Guide,* Department of Health, Education, and Welfare, Office of Child Development, P.O. Box 1182, Washington, D. C. 20013, April 1973; DHEW Publication No. (OCD) 73-1065. Project director for the CDA is Dr. Jenny W. Klein, Director of Education Services, of the above address; phone: (202) 755-7792.)

Foster Explains Fee Schedule to Program Directors

Home Start Program Directors learned about the recently-passed legislation regarding a fee schedule for "non-low-income" families on June 14, 1973 from Mr. Henlay Foster, Executive Assistant to Harley Frankel, Associate Director, Bureau of Child Development Services, and Acting Director of the Day Care Services Division, OCD.

Explaining that both the fee schedule and the policy guidelines for it must be published in the *Federal Register* before it would go into effect, Mr. Foster briefed program directors on the background and provisions of the policy and answered a variety of questions regarding specific cases. He encouraged program directors to contact their Regional Home Start Representative if they had questions regarding the fee schedule's implementation.

Home Start and other demonstration programs must abide by the fee schedule in accord with current policy.

(See Appendix D for the fee schedule chart, as published in the Federal Register *on April 16, 1973.)*

Houston Program Thrives on Parent Participation

Parent meetings and workshops, parents acting as volunteers to take children to the dentist, parents working with the social services coordinator, and parents learning parliamentary procedure from a home visitor comprised only a few of the slides shown by Ms. Janetta Gilliam, Director of the Houston, Texas Home Start program on June 15, 1973.

"We even have an 86-year-old 'temporary' Home Start parent," she said proudly. "The Houston program has learned that it takes a lot of perseverance to get parents involved, but it's really worth it," she added.

Home visitors in Houston serve a variety of ethnic groups and several are bi-lingual, she continued.

Participants in the program have particularly enjoyed workshops on nutrition regarding how to use inexpensive foods and participating actively in Policy Council meetings involving program decision-making.

Nevada Program Stresses Socialization Experiences

"Our Home Start program staff believes firmly in the importance of socialization experiences for both parents and children," said Mr. Mike Greenan, Director of the Reno, Nevada Home Start program in remarks accompanying a slide presentation on June 15, 1973.

"Therefore, in addition to home-based activities, we provide a center-based, or group activity every other Monday. These can take the form of field trips, nutrition demonstrations, etc., but the important thing is that these experiences provide our families an opportunity to meet other people and leave their homes for a little while."

The Reno program has also tried using male home visitors and reported that families were, in general, quite pleased with them.

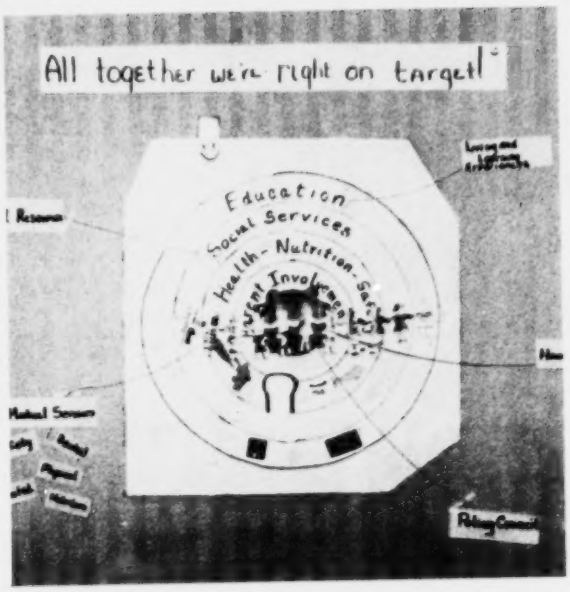
Parents are involved in as many activities as possible, including trips to speech and hearing clinics and other activities in which their children participate.

The Reno Home Start shares both some of its staff and training sessions with the Head Start program.

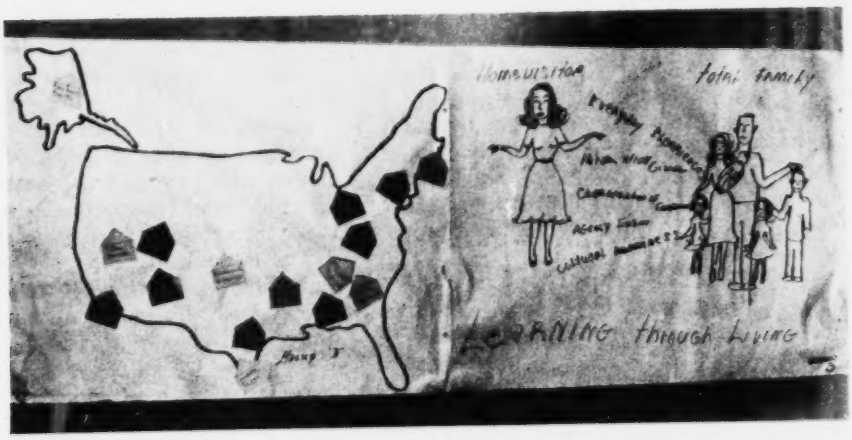
Displays by Home Visitors 'Wow' Conference Participants

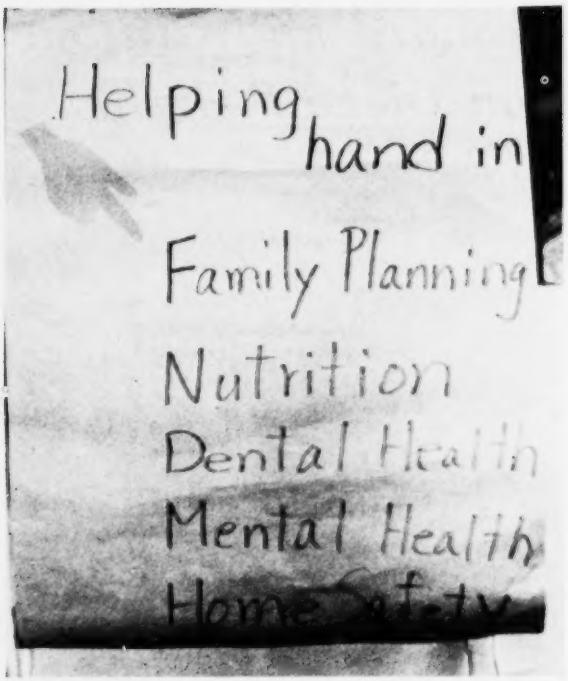
Participants at the Home Start Conference expressed delight at the displays created by home visitors and presented to the group in a general session on June 15, 1973. The home visitors had been divided into groups and given the task the preceding day of graphically depicting what they felt were the important points they got out of the conference concerning Home Start, its program and philosophy.

Group A (composed of staff from the Cleveland, Ohio; Gloucester, Massachusetts; Huntsville, Alabama; Wichita, Kansas; and San Diego Home Start programs) used the theme, "All together, we're right on target." They depicted the total family (mother, father, and all the children) with a home visitor bringing them information on the four major program components (health, parent involvement, social services, and education) in the "real school"—the home.



Group B (composed of staff from Binghamton, New York; Weslaco, Texas; Houston, Texas; and San Diego) filled in a map of the U.S. with pictures of small houses showing parents and their children with a home visitor standing by. Emphasizing the idea of "learning through living," the group explained that they were portraying the total family structure and the idea that Home Start is composed of education through everyday experiences based on information-giving, coordination, and cultural awareness.





Group C (composed of staff from Dardanelle, Arkansas; Franklin, North Carolina; Harrogate, Tennessee; Parkersburg, West Virginia; and San Diego) borrowed an idea from "the bureaucrats" and made a flip chart. Emphasized were the importance of the home and the family, the idea that Home Start provides a helping hand in many areas, and the idea that Home Start builds confidence within families. The last page of the series ended with "Home Start is a friend."

Group D (composed of staff from Fairbanks, Alaska; Fort Defiance, Arizona; Millville, Utah; Reno, Nevada; and San Diego) used symbolism on their display. They used a fish to represent a volunteer transportation program called FISH in San Diego and the importance of organizing community resources. The ear stood for being a good listener; the key, for cooperation, trust, and empathy; and the heart for loving their work and the people with whom the home visitors work. The calendar represented the importance of weekly and monthly planning; the pencil stood for all the paperwork necessary. One green and one red apple showed the progress Home Start staff had made from being "green" when the program began to being "ripe with information" now. A circle was used to depict the total involvement of the families in the program, and a balance scale held the four major program components, each with its fair share of emphasis.

Leonard and Gilliam Present Plaque to San Diego Program

Dr. Ann O'Keefe, seated at left, looks on as Mr. A. B. Leonard and Ms. Janetta Gilliam, at right, present plaque to Dr. Allana Elovson and Mrs. Mary Clark.

Mr. A. B. Leonard, Director of the Houston Head Start program, and Ms. Janetta Gilliam, Director of the Houston Home Start program, continued a custom established at the Home Start Directors' Conference held in Houston in September, 1972, by presenting a plaque to the San Diego Home Start and Head Start programs in appreciation for their hosting the Second Annual Home Start Conference.

"A lot of work goes into a conference before the participants arrive," Mr. Leonard said in presenting the plaque to Dr. Allana Elovson and Ms. Mary Clark, San Diego Home Start and Head Start Directors, respectively, "and everyone is appreciative of your graciousness and hard work."

The plaque reads, "In sincere appreciation to the San Diego Home Start and Head Start programs for your warmth and hospitality in hosting the Second Annual Home Start Conference."

Alabama Program Combines TV With Home Visits

"Each of our home visitors watches the *Around the Bend* TV program with a different family every day," said Dr. Kyo Jhin, Director of the TARCOG Home Start program in Huntsville, Alabama.

Many of the slides from the Huntsville program, shown on June 15, 1973, depicted home visitors who acted as models for the mothers of their families, so that mothers could observe various techniques of educating their children.

"We are particularly interested in career development for our families," Dr. Jhin added. "We have one mother who progressed from being a Home Start parent to teacher aide and finally to home visitor."

He also mentioned that visitors have taught several parents to read and write and some of the parents have participated in Home Start's training programs on a regular basis.

The program also provides one 2-hour classroom experience per week for children, in classes set up in local schools, churches, and community centers.

Press Interviews Focus on Home Start Progress

Dr. Ann O'Keefe, National Director of the Home Start program, and Dr. Allana Elovson, Director of the San Diego Home Start program, met with members of the San Diego media on June 12, 1973 to discuss progress of the Home Start program to date and the agenda for the Second National Home Start Conference, June 12-15, 1973.

Speaking of the first year of Home Start's progress, Dr. O'Keefe said that the reception to the Home Start concept has indeed been widespread and positive.

"Many parents feel that they need support and assistance in achieving the goals they have set for their own children, and the Home Start program (which builds on already existing family strengths) is an ideal mechanism for giving parents this support," Dr. O'Keefe said. "The program is not focused on 'upgrading' the parent; it simply is based on the fact that many parents would like help in raising their children. Many families in Home Start are on welfare, but not all are; many are single-parent families. Our aim is to help as many of these families as possible, relying on goals that they themselves have set."

Dr. O'Keefe stated that the average home visitor serves between 8 and 16 families, depending on her experience, the availability of transportation, and other factors. In response to a question regarding whether the program would be able to reach more people during future years of operation, Dr. O'Keefe pointed out that by the next year of program operation, home visitors will be better trained and will be able to assist more families. In addition, some families will be able to move out of the program gradually and to help their neighbors who may not be enrolled in Home Start, so the program will have an indirect impact on people who are not enrolled in it.

"Many home visitors are former Head Start parents, so the program also emphasizes career development," Dr. O'Keefe said.

When asked for an example of how a local program operates, Dr. Elovson said she felt the program did a good deal to alter parents' attitudes.

"We have one mother who used to feel annoyed when her child reached for things in the house, but since the home visitor has been working with her, that mother has completely changed her attitude and now she's *proud* when her child does this," Dr. Elovson said. "We try to use many everyday activities as learning experiences. For example, cooking, shopping, and even folding clothes can provide opportunities for parents to teach their children color, size, and shape concepts."

Questioned about the focus of the conference, Dr. O'Keefe paid tribute to all the participants for their hard work during the past year, and stressed that the main purpose of the conference was to give home visitors, program directors, and regional staff an opportunity to share information and ideas that they have gained during the first year of program operation.

"We want to make full use of the experience of each of our programs thus far," Dr. O'Keefe said.

(The press conference resulted in three articles published by San Diego papers. See Appendix E for copies of these articles.)

Attendees Evaluate Conference

Participants at the Home Start conference felt, in general, that the conference was excellent, according to the evaluation forms they filled out. Enthusiastic comments were made regarding the real opportunity it provided for information-sharing, the breadth and depth of material presented, and the conference planning and organization.

Several participants noted with pleasure that their suggestions made at the April, 1972 conference for separate workshops for home visitors, program directors, etc., according to job responsibilities, were incorporated into overall conference planning. Favorable comments were also made regarding the location of the conference at a Home Start site, the value of materials received at the conference, and the more relaxed "pace" of the conference in contrast to previous conferences.

Several participants suggested that slide presentations should have been made by all 16 programs and recommended that every program develop a set of slides and/or film for occasions such as this.

Comments made regarding the national Home Start sound/slide presentation were generally favorable and specific recommendations were adopted, insofar as possible, in the final revisions to the presentation.

(See Appendix F for a more detailed summary of the conference evaluations.)

Participants Acclaim Films Shown at Conference

The Home Start conference included several films in which participants expressed widespread interest. A complete list of these films and addresses where they can be obtained is given below.

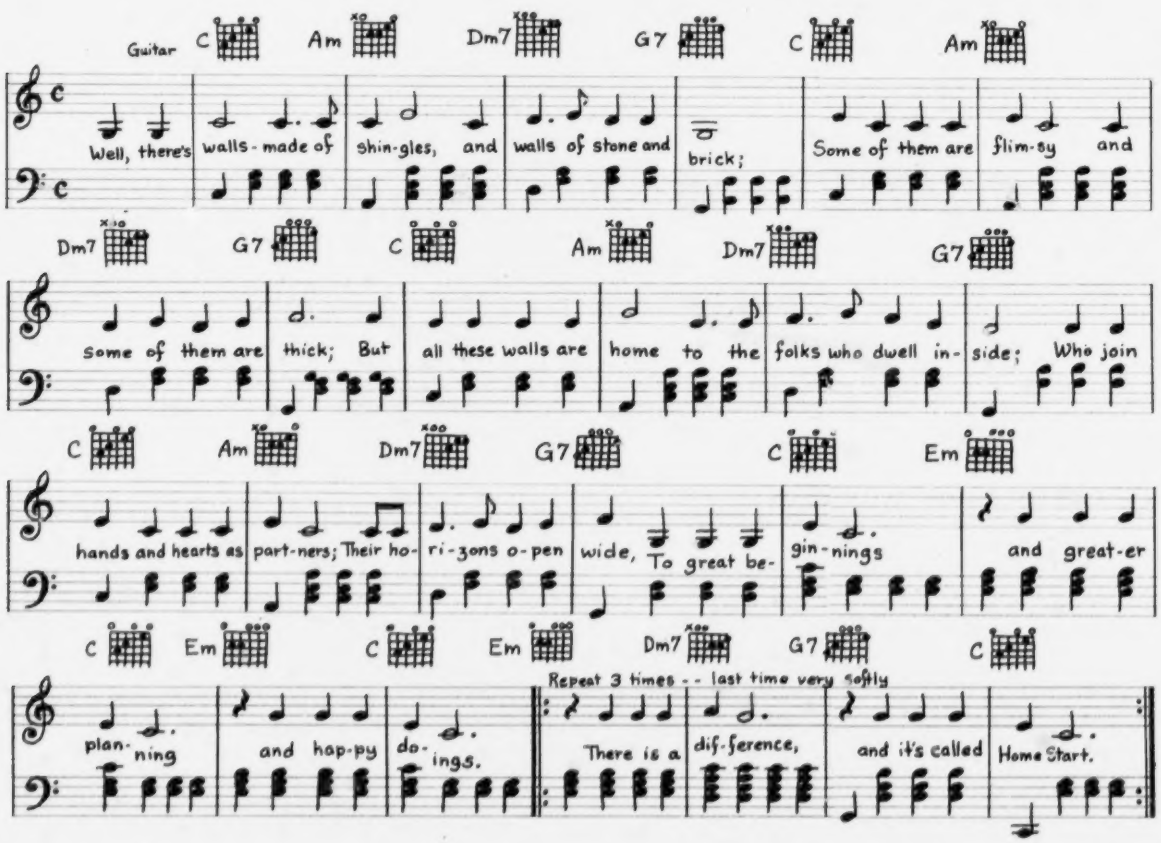
Name of Film	*Synopsis*	*Where film can be obtained*
"Home Start: A Partnership With Parents" 18 minutes—color $23.50 per copy	This sound/slide presentation provides an indepth look at components of the 16 OCD demonstration Home Start programs and contains valuable suggestions for Head Start programs that wish to convert to home-based under the Head Start Improvement & Innovation effort.	Mr. Oscar Lott President Education and Development Corporation 1400 N. Uhle Street Arlington, Virginia 22201 (703) 522-2950
"A Child is a Child" 7 minutes—color	This film describes ways of treating handicapped children with love and understanding, concentrating on the basic similarities between handicapped children and "normal" children, rather than the differences between them.	Dr. Linda Randolph Office of Child Development P.O. Box 1182 Washington, D. C. 20013 (202) 755-7768
"Fun in the Making" 16 minutes—color $16.50 per copy	This sound/slide filmstrip contains numerous innovative suggestions on how parents and children can make low-cost developmental toys from throwaway household items.	Mr. Oscar Lott President Education and Development Corporation 1400 N. Uhle Street Arlington, Virginia 22201 (703) 522-2950
"Child Safety in the Home" 18 minutes—color $18.00 per copy	This sound/slide filmstrip highlights common household accidents that can occur with children and suggests various preventive measures.	Mr. Oscar Lott President Education and Development Corporation 1400 N. Uhle Street Arlington, Virginia 22201 (703) 522-2950

'There is a Difference - - - and It's Called Home Start'

"There is a difference—and it's called Home Start," proclaims the last line of the newly composed national Home Start song, sung by the 16 programs for the first time on Tuesday evening, June 12, 1973.

Written as the opening song for the national Home Start sound/slide presentation entitled "Home Start: A Partnership With Parents," the song was enthusiastically received by conference participants.

Members of the OCD Headquarters Home Start staff lead the conference participants in the Home Start song. From left are Florence Seguin, Willa Choper, Ann O'Keefe, and Sherry Kapfer.


Guitar
C Am Dm7 G7 C Am
Well, there's walls - made of shin-gles, and walls of stone and brick; Some of them are flim-sy and
Dm7 G7 C Am Dm7 G7
some of them are thick; But all these walls are home to the folks who dwell in- side; Who join
C Am Dm7 G7 C Em
hands and hearts as part-ners; Their ho- ri-zons o-pen wide, To great be- gin-nings and great-er
C Em C Em Dm7 G7 C
Repeat 3 times - - last time very softly
plan- ning and hap-py do- ings. There is a dif-ference, and it's called Home Start.

APPENDIX A

"GETTING TO KNOW YOU"

A HOME START EXPERIENCE

Based on "Dyadic Encounter"

Source:
Pfeiffer, William J. and
Jones, John E. with Johanna Jones.
A Handbook of Structured Experience for Human Relations Training. Vol I
University Associates Press
P. O. Box 615, Iowa City, Iowa 52240

1

Read silently. Do not look ahead in this booklet.

A theme that is frequently voiced when persons are brought together for the first time is, "I'd like to get to know you,but I don't know how." Getting to know another person involves a learnable set of skills and attitudes. The basic dimensions of encountering another person are self-disclosure, self-awareness, non-possessive caring,

2

risk-taking, trust, acceptance, and feedback. As the two continue to share their experience and conversation, they often come to know and trust each other in ways that may enable them to be highly resourceful to each other.

3

This structured conversation - which is technically called a dyadic encounter experience - is designed to make it easier to know another person. The discussion items are open-ended statements and can be completed at whatever level of self-disclosure one wishes.

The following ground rules should govern this experience:

4 Don't look ahead in the booklet. Each partner responds to each statement before continuing. The statements are to be completed in the order which they appear. Don't skip items. You may decline to answer any question asked by your partner. (Look up. If your partner has finished reading, turn the page and begin.)	5 My name is .....
6 My family is made up of	7 My role in Home Start is .....

8 I have been with the program for.....	9 My home town is.....
10 The reason I'm here is.....	11 While I'm here, my family.....

12	13
Right now I'm feeling.....	The first time I visited home, I was .....
14	15
One of the most important skills in getting to know another person is listening. In order to get a check on your ability to understand what your partner is communicating, the two of you should go through the following steps (one at a time.) Decide which one of you is to speak first in this unit. The first speaker is to complete the following item in two or three sentences:	When I think about the future, I see myself..... The second speaker repeats (in his own words) what the first speaker has just said. The first speaker must be satisfied that he has been heard accurately. The second speaker then completes the item himself in two or three sentences. The first speaker paraphrases what the second speaker just said, to the satisfaction of the second speaker.

16	17
Share what you may have learned about yourself as a listener with your partner. The two of you may find yourselves later saying to each other, "What I hear you saying is ..." to keep a check on the accuracy of your listening and understanding.	When I am in a new group I.....
18	19
When I enter a room full of people I usually feel.....	When I am feeling anxious in a new situation I usually.....

20 In groups I feel most comfortable when the leader	21 Right now I'm feeling .....
22 I am happiest when ..... (Listening check: "What I hear you saying is .....")	23 The thing that turns me on most in my work is .....

24 Right now I'm feeling ..... (Look your partner in the eyes while you respond to this item.)	25 The thing that concerns me the most about my work in Home Start is .....
26 The thing that turns me off the most about Home Start is	27 When I am alone I usually .....

28 In crowds I	29 In a group I usually get most involved when ..... (Listening check: "What I hear you saying is ....."
30 To me, taking orders from another person	31 I feel rebellious when .....

32	33
In a working meeting, having an agenda ..	(Checkup: Have a two- or three-minute discussion about this experience so far, keep eye contact as much as you can, and try to cover the following points:) How well are you listening? How open and honest have you been? How eager are you to continue this interchange? Do you feel that you are getting to know each other?
34	35
My weakest point is	I love .....

36 Right now I'm feeling	37 I believe in .....
38 (Express how you are feeling toward your partner without using words.) You may want to touch. (Afterwards, tell what you intended to communicate. Also, explore how this communication felt.)	39 The thing I like best about you is .....

40 You are	41 What I most want to get out of this conference is .....
42 I want you to	43 Time permitting, you might wish to continue this encounter through topics of your own choosing.

APPENDIX B

TRAINING CONSIDERATIONS AND SUGGESTIONS FOR HOME START AND OTHER HOME-BASED CHILD DEVELOPMENT PROGRAMS:

Reports of Four Workshops
Conducted by
Florence Seguin, Home Start Program Associate,
at the
Second Annual Home Start Conference
San Diego, California
June 12-15, 1973

SESSION: Home Start and the I&I Effort: Part I
June 12, 1973 4:00 to 5:30

LEADER: Florence Seguin

PARTICIPANTS: Regional and Headquarters Staff; Others

REPORTER: Marcelette Dingle

At the beginning of this session, Ms. Seguin distributed a three-page outline entitled "Home-Based Programs: A 'Mini' Training Approach."

After quickly summarizing the contents of the outline, she suggested that we break up into smaller groups to peruse it more carefully. However, before we regrouped, she made the following brief, but extremely important, comments:

- Community awareness is of the utmost importance, and could mean relative success or failure for home-based programs. The community must be made aware of the principles and operations of a home-based model, so that it can intelligently assist in the decision-making that will ultimately affect the implementation and success of such a program. Research has shown that there is a higher degree of success among home-based programs in which the community it served was aware and supportive of its operations.
- We must do our utmost to allay the fears, doubts, and apprehensions of those Head Start personnel who are going to be responsible and instrumental in introducing home-based activities into their existing center-based programs.

The regrouping process resulted in five subgroups of about seven people each. Each group contained at least one person having prior experience with the home-based model who acted as a resource person as the group discussed the outline.

Later, a reporter from each subgroup shared with the larger assembly some of the following questions and concerns that emerged during the discussions:

- What are some ideas and plans for program continuity?
- How do you monitor the effectiveness of a home-based program, on both a local and a regional level?
- What is the selection process for home visitors?
- What are the selection criteria for home visitors?
- What are the training priorities for home visitors?

- What is the funding level for Home Start programs?
- What are some of the problems attendant to nutrition in a home-based program?
- What is the role of the home visitor? A referral person? A resource person? A "superhuman" combination of referral/resource/direct services?
- What is the average duration of a home visit?
- What is the flexibility of the home visitor, in terms of meeting with working parents?
- What kinds of approaches and techniques is the home visitor trained in for working with parents?
- Needs assessment: how do you ascertain which option (center-based or home-based) best serves the needs of the community?
- Will the OCD national office give technical assistance in developing such a needs assessment?
- How can migrant families be served by a home-based model, considering that they *are* migrants and move around considerably?
- How does Home Start deal with nonresponsive families? When do you "drop" them?
- I & I: how does it relate to the home-based model?

Ms. Seguin addressed some of these concerns in the remainder of the session. However, for the most part, she explained that these areas—and many others—would be dealt with throughout the conference.

SESSION: Home Start and the I&I Effort: Part II
June 13, 1973 9:30 to 12:00

LEADER: Florence Seguin

PARTICIPANTS: Regional and Headquarters Staff; Others

REPORTER: Marcelette Dingle

Ms. Seguin began the session by emphasizing the following important points:

- The planning and implementation of a home-based model program is *not* an immediate and "overnight" venture. It takes at least six months to a year to develop a total, or partial, operational home-based program.
- Much forethought and careful planning are essential in setting up a successful home-based program, whether total or partial.
- The "phasing-in" approach is probably best for those center-based programs opting to incorporate home-based activities. Whether one person or a total staff becomes involved, a gradual "phase-in" will probably be most successful.
- A needs assessment should be conducted, in terms of determining the *value* of a home-based option in the delivery of services to parents and their children. The appropriateness of a center-based, home-based, or combination center/home-based program should be decided depending upon the needs of the community concerned.
- The concerned community (parents and staff) should be involved in deciding whether to exercise the home-based option.
- Training for the implementation of home-based models should take place in three rather broad phases:
    1) A general orientation should be given, to acquaint people with the home-based concept.
    2) Local programs should orient their communities as to what the home-based option is all about, and decide whether to implement the home-based option.
    3) After the decision has been made to implement the home-based component (wholly or partially), individual workshops can be held where a specific orientation can be conducted.

With regard to the specific steps that must be taken in order to plan for the incorporation of the home-based model, there are four phases that must be considered:

Phase I—*Orientation,* in the form of a series of meetings designed to acquaint those concerned with what the home-based option is all about:

Step 1—Head Start staff should receive the first orientation, so that they will understand—and be able to impart to others—what Home Start is, in principle and in operation.

Step 2—The community (the Policy Council and other parents, resource agencies, concerned citizens, etc.) should next be made aware of the availability, benefits, and practicality of the home-based option.

Phase II—*Decision-making,* in the form of a series of meetings to decide (based upon all available data, pros, cons, etc.) whether to exercise the home-based option:

The Head Start staff and the Policy Council should jointly make the decision about the incorporation of home-based activities into the existing program—and to what degree (i.e., how much of the delivery of services is going to remain center-based and how much will be done in the home).

Phase III—*Pre-service Planning and Training,* to commence after an adequate amount of groundwork has been laid to insure the readiness of the staff and others involved:

Step 1—Again, the staff—particularly the home visitors—should have a slight edge in preparation, so that they can assist with and be supportive of the levels of training and orientation that will follow. Staff should receive a minimum of one week's training (two or three would be better) in all the many areas that they will have to deal with as home visitors and support staff.

Step 2—The next level of training and orientation should be held with the community—parents, community leaders, concerned citizens, and especially representatives from State, local, and private resource agencies.

Phase IV—*In-Service Training and Assessment,* to be an on-going and continuous process in the activities of the home-based program.

After recruitment, selection, registration, and orientation of the parents that are to be involved in the program, the staff should set aside at least one day per week for their continued training and development, and for sharing problems and resources.

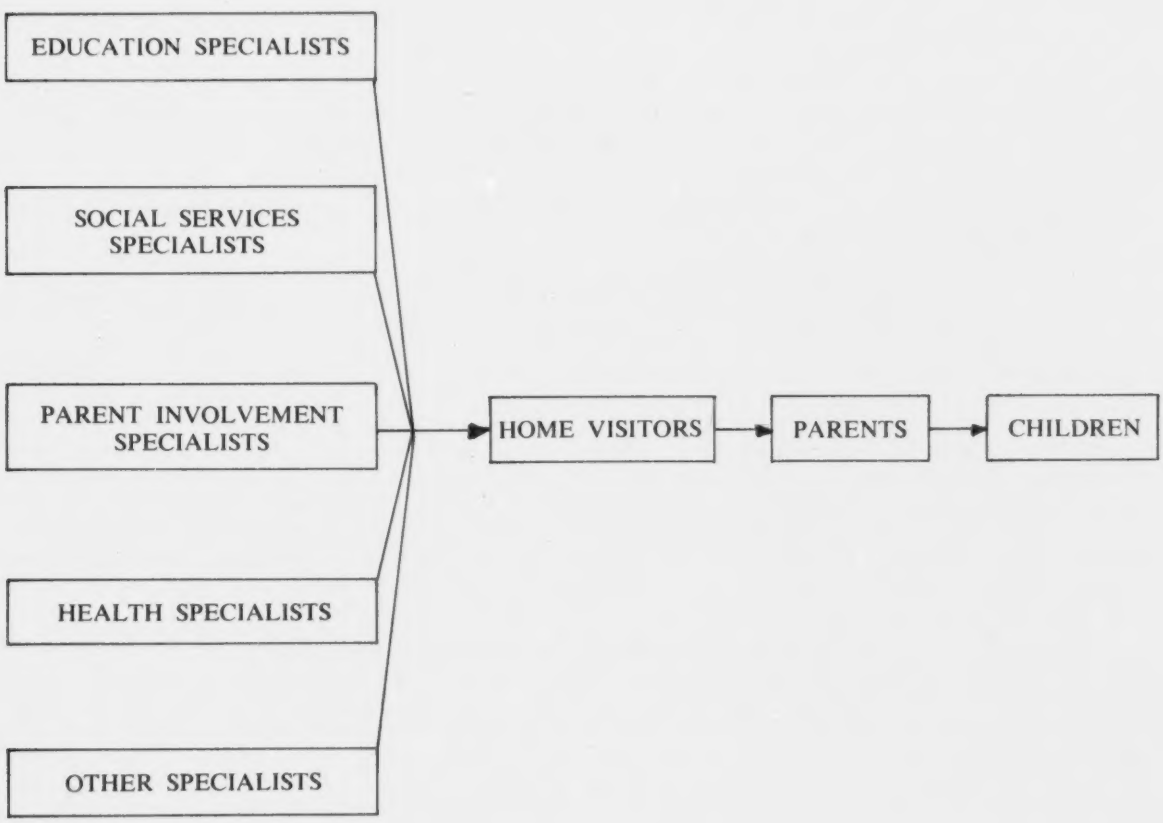
Having laid the groundwork for home-based models in general, Ms. Seguin went on to share some specifics about the Home Start program. First, she reminded the group that Home Start, as a *concept,* is not new. Presently, there are about 200 home-based programs throughout the country, many of which have been in operation for several years. However, operationally these programs and Home Start are quite different. Most other home-based projects are small, servicing only about 15 or 20 families, and usually focus on the delivery of only one service, such as health or education. Home Start, by contrast, is a national demonstration program serving about 1,280 families, with a delivery system focusing on four vital components that aid the total development of children. These components are: education, health, social services, and parent involvement. These broad components encompass subcomponents that are incorporated in the delivery of services. For instance, the health component encompasses physical, mental, and dental health as well as nutrition and safety.

There are two types of Home Start operations—partial and total—the difference lying in the degree to which services are provided in the center and in the home. A partial Home Start operation is one that is essentially center-based with a home-based provision. No two partially home-based operations necessarily look the same, due to the fact that the degree of home-based activities differs from community-to-community and from program-to-program. How much is done in the home? Which component(s) should be serviced in the home? How many staff should be involved in home visits and how many in center-based activities? How many visits per week should the home visitors make? How many families should be involved in the home-based aspect of the program? All these, and many more, are questions that have to be answered by the staff and others involved, after taking a long, hard look at the needs of the people to be served.

A total Home Start operation is one in which the delivery of all component services takes place in the home, except for incidental center-based activities such as workshops, meetings, seminars, and the like. Ms. Seguin suggested that at times home visits might take place in locations other than the home. For example, depending upon the service being rendered, the "home visit" might take place in the grocery store, the health clinic, the local coffee shop, or the neighborhood park. (Most visits, of course, do actually take place in the participating family's home.)

One of the aims of Home Start, be it a total or partial operation, is to take everyday *living* experiences and show parents how to turn them into exciting *learning* experiences for their children. Home Start is committed to the concept that parents can be the best "early childhood development specialists" for their own children, and that ordinary, everyday activities and tasks can be converted into experiences to enhance the educational, physical, social, and emotional development of preschool children.

Most Home Start staffs either have a team of specialists in the areas of education, social services, parent involvement, and health or use community resource people to perform these functions. These specialists are responsible for the continued training, development, and orientation of the home visitors who work in the homes with the parents, who in turn work with their own children. Schematically, this delivery system can be viewed as follows:



On behalf of staff training, Ms. Seguin stressed the importance of creating an atmosphere in which Head Start staff will feel free to air their feelings about the home-based option. This is extremely important if fears, misconceptions, doubts, role-confusions, and the like are to be cleared up before concrete, operational-type problems come to the fore. By bringing these kinds of problems out into the open, you will know which areas have to be dealt with and resolved.

Especially, the home visitors must not be made to feel that they must perform from the very beginning as experts in working with their families. In fact, it should be stressed that the first series of home visits should be brief and informative, rather than lengthy dissertations on all that Home Start is going to do with that family. Ms. Seguin suggested that the first four visits to a home should progress gradually in length, from about 15 or 20 minutes for the first visit to about a full hour by the fourth visit. The home visitor should utilize this time to get to know the family: the ages of all the children; the presence or absence of vital family members; the problems that the parent(s) are coping with in rearing their children; the special needs of various family members; etc. It was also suggested that these first visits be interspersed with special in-service training sessions designed to assess the previous visit(s) and prepare for future ones.

In order to serve Home Start families effectively, home visitors must be fully aware of their focal and target populations. Without this knowledge, effective planning is impossible. How many infants are there in your families? How many toddlers? How many 3- to 5-year-olds? How many teenagers? These questions, and many more, must be addressed before a home visitor can do planning—as an individual working with a group of families, and as a staff member working with a total program.

Planning for the year's work is an integral part of the success of a home-based program. Simply put, without planning there is no program. And, long-range planning need not be formidable if the year is first broken down into months, the months to weeks, and the weeks to visits. Equipped with the knowledge of certain "givens" (the components and subcomponents to be covered; the working months available; the number of families to be serviced; the resources available in the community; etc.) the home visitor should be able to engage in rather successful long- and short-range planning efforts for the delivery of services.

This session was concluded by the showing of an innovative and imaginative film entitled "Fun In The Making." The film, actually a video-tape presentation,* shows how "worthless junk and trash" can be recycled to create worthwhile (and beautiful) toys and playthings: shoe boxes and rubber bands made into tuneful banjos; "Quaker Oats" boxes converted into drums; and to complete the musical ensemble, tambourines fashioned from tin pie pans. These are just a few of the many interesting and creative objects that the film proposed could be made easily and inexpensively.

* The film, manual, and instruction booklet are available for sale at $16.50. Contact Mr. Oscar Lott, President, Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201; (703) 522-2950. Information on obtaining the "Home Start National Slide/Sound Presentation" and the film, "Child Safety in the Home" (also shown at the conference) may also be obtained from Mr. Lott at this address.

SESSION: Concurrent Workshop #II
June 14, 1973 10:45 a.m. to 12:15 p.m.

LEADER: Florence Seguin

PARTICIPANTS: Home Visitors

REPORTER: Marcelette Dingle

Ms. Seguin began by warmly acclaiming home visitors as being "integral to the success of Home Start." She continued by stating that, according to one of the first reports on the program, Home Start has—in less than a year—progressed from a "lifeless" description on planning papers to a dynamic demonstration program with 16 models throughout the country, serving over 1,000 poor families. Most of Home Start's success, she added, is due to the home visitors.

Despite the success of Home Start, the report did pinpoint three particular areas that could be improved upon:

- Program Focus—In some programs, the delivery of services should focus more on the parents.
- Policy Councils—In some programs, the PC should become more involved in policy making.
- Program Coordination—Coordination in the delivery of component services is a problem in some programs. It was suggested that *one* person should have the sole responsibility of coordinating the services of the program's components.

Speaking from her own experiences, Ms. Seguin said that often the home visitor begins by working directly with the child(ren) while the parent observes. This is appropriate if the home visitor is modeling for the parent. Gradually, this home visitor-child interaction should taper off so that the parent eventually takes over from the home visitor. The end result would be that the parent is working directly with the child.

In another area, it was mentioned that more referrals—for immunizations, dental work, and other types of services—are made for the focal child, and sometimes other family members may not receive referral services. Ms. Seguin suggested that at least adequate referral information—if not direct referral service—should be given to the entire family: parents, focal children (3-5 years old), target children (0-5), and older children.

Ms. Seguin also stressed the importance of not underestimating the value of information-giving. In many areas, certain types of services may not be available; thus the giving of needed information may be the only resource at hand.

Example: A pregnant woman may live in such a rural area that prenatal services are either nonexistent or extremely inaccessible. In this case, the home visitor should strive to impart as much information on prenatal do's and don'ts as she can. Through the use of printed matter and other materials that she may be able to obtain, she can advise the mother-to-be on how to care properly for herself and her unborn child.

Next, Ms. Seguin divided the group into three subgroups to discuss the following aspects of the health component:

- How have you imparted information on the health component, including all five subcomponents, to your families?
- How have you tried to involve the *parents*—not the children—regarding the health component?

The first group reported that their efforts in these two areas included:

- Seeking materials that address themselves to the needs of "special" persons, i.e., epileptics, the mentally retarded, alcoholics, etc.
- Striving to recognize special problems within families and learning how to deal with them.
- Trying to be sensitive (active) listeners to their families. Parent Effectiveness Training (PET)* workshops have been beneficial in this area.
- Making referrals to Alcoholics Anonymous and disseminating information and literature to families with an alcoholic member.

* The Parent Effectiveness Training program was originated by Dr. Thomas Gordon, in an attempt to teach parents how to communicate more effectively with their children. For more information, contact Dr. Thomas Gordon, President, Effectiveness Training Associates, 110 Euclid Ave., Pasadena, California 91101; (213) 796-6107.

- Seeking training and orientation in different areas, such as Behavior Modification, communications skills, and greater usage of outside (community) resources.
- Striving to deal with the image of "mental health" as a positive and natural part of total physical well-being.
- Assisting families with the making of first-aid kits and explaining purposes and uses of articles therein.
- Disseminating information through pamphlets, charts, and booklets on how to store medicines, drugs, cleaning liquids, and other dangerous household products.
- Advising families on the proper use of clothing for the different seasons, and the use of reflective tape on clothing and bikes at night.
- Disseminating fire safety information, including how to store paper and flammable cleaning products properly.
- Disseminating kitchen-safety information, including what to do in the case of a grease fire.

Group #2 dealt exclusively with the mental health subcomponent and reported the following efforts in this sensitive area:

- Using PET workshops to develop sharpened communications and listening skills.
- Striving to get parents who need mental health referrals to accept them.
- Helping parents to understand the "helper-helpee" relationship.
- Trying to get agencies to work directly with the families. Some resource agencies prefer to deal with the home visitors and have the home visitors work with the families.

Members of the third group discussed many of the efforts already mentioned, and they added the following:

- Continually trying to obtain free or low-cost services for families in many areas, including transportation, housing, baby-sitting, clothing, dental services, etc.

SESSION: Discussion Group #VI
June 14, 1973 1:30 to 3:15

LEADER: Florence Seguin

PARTICIPANTS: All Home Start Staff Except Directors

REPORTER: Marcelette Dingle

Ms. Seguin devoted this last group session to discussing some of the weaknesses that she had observed in the operation of the Home Start programs over the past year. Having visited for at least a week at a time with 13 of the 16 home-based operations, she delineated the following weak areas on the basis of her experience:

- Weaknesses in Planning
  . . . No Goals
  . . . Inappropriate Approaches to Goals
- Weaknesses in Program Focus

Planning—As mentioned before, planning is an integral part of effective delivery of services. In the simplest terms, home visitors must decide WHAT they want to accomplish; WHY they want to do it; and HOW and WHEN they intend to go about it. In all components of the program, these basic questions must be addressed. Without planning, the home visitor will find it difficult, if not impossible, to assess what she has accomplished and how much more remains to be done.

Program Focus—Home visitors should make more of an effort to work with the *parents* directly. Children may be present, of course, and the home visitor can *model* for the parent, but this should not take precedence over working with the parent. This is necessary for at least two reasons:

1) After the home visitor has departed, and throughout the rest of the week when she is not there, it is expected that the parent will continue to work with the children. If the parent has not had the experience of doing this then she probably will not attempt it on her own.
2) If the home visitor spends the majority of her time interacting directly with the child, then the parents will probably *not* develop the skills that we desire for them; skills that will sustain and enrich their family life after we are long gone.

Parents must develop confidence in their own abilities to educate their own children. Home visitors must play a supportive-guiding role in helping to make parents "early childhood development specialists." They will only learn if the home visitors work with *them*—not their children.

Educational Component—Ms. Seguin also found that in some programs home visitors are not using everyday living experiences as learning experiences, to supplement the standard educational toys and methods. Perhaps encouraging parents to teach their children to make beds, wash dishes, and thread needles seem banal and commonplace, but they need not be if they are perceived as developmental tasks in promoting gross and fine motor coordination. Costly dental bills can be avoided in the future if parents are shown how to teach their children to brush their teeth properly. Learning left from right; how to pour; how to button; how to lace shoes; how to distinguish green from red; etc.: the list is endless, in terms of everyday events that can be utilized to help children develop properly.

Ms. Seguin asked the participants to keep these things in mind and to strive to improve program operation in these areas.

APPENDIX C

TECHNIQUES FOR MOBILIZING LOCAL RESOURCES

Presentation made at Second Annual Home Start Conference by Dr. Kyo Jhin,
Director of the Huntsville, Alabama Home Start Program

I am delighted to have this opportunity to share a few thoughts that I feel will be beneficial to all of us.

TARCOG stands for Top of Alabama Regional Council of Governments. Under TARCOG we have one division known as the Human Resources Program. One of the components we have is the Home Start Program, as well as the Adult Education Program, Satellite Experimental Project in Career Education and Reading, Information Needed for Occupational Entry, Talent Search Project, and various other projects.

Dr. Eugene Hoyt of the Appalachian Regional Commission notified me about the Home Start Program. He said, "Kyo, why don't you call Ann O'Keefe and see if you can send a Home Start application to her." So I called her. I had only met her one time, and I said, "Look, I understand there is something about Home Start."

She didn't want to tell me too much at first; she said it's got to be a typical Appalachian Mountain region. I told her that the Top of Alabama Region is typical Appalachian Mountains. She wasn't really convinced. She thought I just said that; however, she sent me an application form and guidelines. I decided, since she wasn't convinced that we are in a typical Appalachian Mountain region, I would hand-carry the proposal to her. I said, "I can guarantee if you give us $100,000 that we can stretch that amount to at least $200,000." She asked if I could make a commitment. You bet your life I made that commitment.

That was the beginning of our acquaintance, and ever since then I have been very blessed with the opportunity of working with her and her staff. That was the beginning of our story about this chart. (Dr. Jhin displayed a chart entitled "Resources Mobilized by TARCOG Home Start Program.")

Last November, after we had been in the program about three months, the Appalachian Regional Commission came to do a special article on our Human Resources Program entitled "Top Speed at Top of Alabama: TARCOG's Human Resources Program Goes Into High Gear" (*Appalachia* magazine, October-November, 1972, Vol. 6, No. 2). In another section there is Clinch-Powell's special article, too; and in case you have not received this magazine, you can ask Dr. O'Keefe or me and we will be glad to send one to you. This article included a complete description of the Home Start Program. *Appalachia* magazine goes all over the country, and we received calls from Oklahoma, Ohio, and many other places asking for more information about our Home Start Program. I have a copy of our "Home Start Program" that we used at the National Association for the Education of Young Children's Annual Convention in Atlanta last November. When this article came out, Mr. Saul Rosoff, Acting Director of the Office of Child Development, happened to see it. I am sure that Dr. O'Keefe had something to do with his seeing it. So when I was in Washington, Florence or Ann called Mr. Rosoff and told him that I was there. He told them he wanted to see me and would stay half an hour late. You know, I am a little peon and here I was at 5 o'clock seeing the Acting Director of OCD. I talked with him, and one question he asked was how did we utilize all the resources.

The first five months we were able to utilize about 50 different agencies—national, regional, state, and local. When we had to make a presentation at the Atlanta Convention we decided to make up a few charts. These are the charts I have with me. The red circles represent national or regional agencies who gave us assistance in our Home Start Program. The blue ones represent state resources; then the green ones represent local resources from our region. I am not going into detail about what we received from each one and so forth, but I can say that within the first five months we were able to utilize resources equivalent to $97,000 in in-kind contributions for our program. So we figure that by the time our program is over in 12 months we will have been utilizing at least $250,000 worth of resources. This is a very conservative figure.

I want to mention just a few of these agencies and what they have done for us. We are under the umbrella of the Local Development District, and we were able to utilize their good name, office, and influence with many politicians. (After all, politicians are the ones making the decisions.) One example is that we were able to send about 100 people to Canyon Land Park in northeast Alabama, which is sort of a miniature-sized Six Flags Over Georgia or a miniature-sized Disneyland. It would have cost $4.50 for each one to enter that amusement park, but we were able to admit 100 people free of charge. I will tell you how we were able to do this. We contacted

the commission chairman of that county. He knew about our program, and we helped them to get a $750,000 vocational-technical school through the Appalachian Regional Commission. (We had helped to write the proposal.) I called and asked him if he would do us a favor. I told him about the 100 people we wanted to send to Canyon Land Park. Within 10 minutes I received a call from the director of the amusement park saying that we could send the 100 people. Grandmas, aunts, uncles, kissing cousins, out-laws, in-laws, and everybody went to the park.

I am using these examples to tell you that these things were all possible. The State Superintendent of Education came to visit our program, and because we knew the mayor of Huntsville we were able to give the Superintendent a helicopter ride to see the TARCOG region. Then because we are under the umbrella of the Local Development District, we were able to utilize their fiscal agency. We didn't have to hire any bookkeeper to do our Home Start bookkeeping. That would have been at least $3,000. Of course, because of the State Department of Education's generosity, we were able to televise the "Around the Bend" television program without any charge to us. If it costs $100 for telecasting, which by the way has been televised throughout the state, it would have cost $17,000 alone. All the well-known departments (Health, Welfare, Education, and Agriculture) that were shown on the slides last night were used as resources.

Somebody said a thousand-mile journey begins with a single step. We feel that we have taken a giant step toward helping children in our region. Let's take a look at some of the steps that we have taken to maximize the utilization of resources in the TARCOG area.

You have seen the side of the chart which shows the resources that we have received for our program. The other side shows our experience in sharing and helping other agencies. We were able to share with a number of national agencies and associations through conventions and conferences such as the American Association of School Administrators, the Appalachian Regional Commission annual meeting, the Appalachia Educational Laboratory annual meeting, and then the NAEYC Conference which I mentioned earlier. We will be participating in the American Psychological Association and a number of Local Development District conferences and leadership development conferences. From as far north as New York and as far west as California, we have received requests to know more about our Home Start Program and to find out how we utilized so many resources. Of course, it is not simple, and I am not here to tell you this formula will work for you. It has, however, worked for us and I think if you adjust this technique to your own needs and your own area, some of these techniques may work for you.

The outline of my speech will be Home Start, H-O-M-E-S-T-A-R-T. I hope each of you writes that and sees what words or sentences you would use beginning with "H" to really utilize the techniques for mobilizing local resources. What word or sentence would you use for "O" and "M" and "E" and "S-T-A-R-T?" The title of this presentation is "Techniques for Mobilizing Local Resources" and the first example I will use will be Dr. Ann O'Keefe's. Okay, for "H"—Ann, what did you have? "Help them, have fun with them, hear their ideas, and hope to help the children." Boy, I tell you, that is good, isn't it! Okay, anybody else have something? "Hire somebody that knows more than you do." That's a good one. I think I'd better quit giving my speech. My first one for "H" is *help have-nots to be happy*. Those who do not have many things may not be happy. *Help* is the key word. Then another one is we must have a *heart*. If we do not have a heart, it doesn't matter how many plaques we have in our office; we are not worth much. We've got to have a heart. Then we have to be *humanistic*. How many of you have the word humanistic or something that relates to it? We may be living in a computer-space age, but if we want to really maximize the utilization of resources, then we must not let technology take over our humanism—love, touch, hug, and all that sort of thing. We need to have love for children. We need to have a humanistic attitude—a helping-other-people attitude.

The next letter is "O." "O" stands for *objectives*. We have to have a clear understanding of our objectives. If we don't know where we are going, it doesn't matter how much love we have for children; it doesn't matter how good we are. We are lost and will never get there. We need to have clear objectives and a definite goal. What is your definite goal? Is it to meet the guidelines of Home Start? I think it is more important than the guidelines of Home Start. Is it to meet the needs of Abt Associates or High/Scope's evaluation criteria? No, I don't think so. What definite goal should we have? Our definite goal should be for our program to cause some change for the children and for the parents. If we do not cause some change, we may as well close our door and get another job. If we found that 80 percent of the Home Start parents were without jobs, at the end of the program would we still find these people without jobs? If their homes were unsanitary at the beginning

of the project, would we still find that same condition at the end of the project? If a little boy used to have a runny nose all the time, and if he still had a runny nose at the end of the project, did we cause some change? We have to be able to recognize some change. That should be our definite goal—to cause some change. Another word for "O" is *optimistic*. We have to see a half-full glass rather than a half-empty glass. We have to look at the bright side of life. We have to look at what good that youngster can contribute. We have to recognize what a mother from a poor area can do to be a vital part of her children's progress and development. We have to be optimistic and see the bright side of life.

The next letter is "M." How can we get the *most mileage* out of this project for our children, not for us? How can we get the most mileage for our children rather than how can we keep our jobs or put our city on the map? This is called the *Minimax Theorem* by mathematicians. In other words, how can we *maximize* the utilization of resources that are available in our region and in our locality? Then, how can we *minimize* the waste of these resources? We were amazed to find so many of these resources being completely wasted in many areas. Everyone is trying to begin their own thing when somebody else is already doing the same thing. How can we minimize the waste and maximize the resources utilization? We must involve our resources in planning and implementation. In fact, from the very first stage of our program, we involved our resource agencies in developing our proposal, in developing our in-service program, and in implementing our program. Therefore, when we go to them we say, "Look, we need this help." They already know what we are doing and they come to our aid. We do not remember any agency which we called that refused to help. Most were able to come when we wanted and needed them. In thinking of "M" we must remember *management*. We utilize our resources in the Policy Council; we utilize our parents in our Policy Council; we help our parents to participate in the Adult Education Program. We are hoping that some of these parents will receive their GED Certificate by the time three years is over. That is a definite goal we have for them.

"E" stands for *enthusiasm*. We need to have enthusiasm if we want to maximize resources utilization. If we act like deadheads, I don't think anyone will be willing to help us. We have to be sold on our program and show enthusiasm. We have to get *excited,* and I get excited about our Home Start Program. We have to get excited; if we don't, who in the world is going to get excited about our children, poor children especially? Nobody will. We need to get excited for them because enthusiasm begets enthusiasm just as deadheads beget deadheads. I would like to think we as the Home Start Program staff are the type of people who are enthusiastic about our program. We have to get excited about our program, not lukewarm. Our program is not just another federal project, not just another job. When people see us they can see that we are committed and when we are committed they are willing to come and help us. The next word in "E" is *efficient*. We need to be efficient in administering our program.

"S" stands for *seeking assistance from other agencies*. In our program we have been very fortunate in receiving assistance from other agencies without much difficulty. No one is going to come to our assistance if we do not seek their assistance. In most cases, all we needed to do was simply ask them to participate in our program. Remember, the squeakiest wheel gets the most oil. The next thing I want to use for "S" is *salesmanship*. We must become salesmen for our children through television; newspapers; local, regional, and national officials; community agencies; professional group meetings; and the general public. It was our experience to share our program experiences with these groups of people. Some of them include senators, congressmen, the governor's office, city and county officials, numerous community agencies, the National Association for the Education of Young Children, Appalachian Regional Commission, the American Association of School Administrators, the American Psychological Association, Appalachia Educational Laboratory, and numerous child development associations.

"T" stands for *thankfulness*. We should learn to acknowledge those who give us assistance with our program. In the first place, it is a good practice to express our appreciation to those who help us. In the second place, it is good insurance for the follow-up activities by these agencies. At our annual banquet, we gave out plaques and/or certificates to those agencies and individuals who made contributions to our program. We were amazed at the response we received at this banquet. Our Home Start Policy Council felt that this was a very important activity of the Home Start Program. In our program we also acknowledged these agencies through the news media from time to time. In fact, we were able to make arrangements with the television stations to interview a number of our special guests who came to assist us in our program and recognize their assistance through local newspapers and national and regional journals. "T" also stands for *team-work spirit*.

"A" stands for *accountability*. The use of resources is not an option, but it is the responsibility of every Home Start director. We should be accountable for all areas of our program, including fiscal matters. Accountability should include establishing a good track record for our program. Most agencies like to work with programs which are successful. Another word for "A" could be *agency's knowledge*. In order for us to utilize to the fullest extent the various agencies, we must know all about them. We must know as much about the agencies as we can in order to know where we can fit them into our program. We should do research on the objectives of these agencies. When we seek their assistance, we will know how they can help us with our program.

"R" stands for *realistic*. In order for us to utilize resources, we must possess common sense. We cannot expect to change the society we live in overnight. We must be aware of established customs in the region that we are serving, even though we may not agree with them. Sometimes change takes place slowly. In other words, "R" could be *responsive to the needs of participants*—mainly our children and their parents. In fact, that should be the most important goal of our Home Start Program. The third word for "R" could be *establish a good working relationship between parents and their home visitors*. The fourth "R" stands for *record keeping*. If we want the program to go forward, we must keep good records which will be needed for reporting purposes as well as program purposes. "R" is also for the *resources* which keep the wheels turning.

"T" stands for *total commitment*. In order for us to utilize the resources available, we must be totally committed to the Home Start Program, its purpose, and its philosophy. In other words, we must be totally dedicated to the program. If we expect others to come to our aid, we must believe in it, live in it, and sleep with it to make the program most successful.

Conclusion: If we want to utilize resources to the fullest extent, each of us must make a resource file of our own. This resource file can be gathered through the information which we may obtain from the telephone book, Chamber of Commerce, Director of Community Services, advice that we receive from other agencies (such as the Office of Child Development, and the State Department of Education), and professional journals as *Young Children* and *Children Today*.

In our office we have our resources file divided into five major categories: health, education, nutrition, psychological and social services, and parent involvement. It is my conviction that we are engaged in one of the most rewarding works in which man can participate. May I call your attention to the words of the late President John F. Kennedy, "The greatest resources we have in the United States are not in gross national product, but in children, who are the hope of this nation and the world." Utilizing resources is not a simple task. It requires hard work.

May I close this presentation with these few thoughts: "When you help someone else up a hill, you are much nearer the top yourself." "Being one jump ahead is no good unless you are headed in the right direction." "Give the hungry man a fish and tomorrow he will return for more. Teach the hungry man to fish and he will feed himself for evermore." I feel that Home Start is a right direction for the needy children in this country, and it is teaching them to fish. Someone said, "You must speak up to be heard, but you must shut up to be appreciated." Therefore, with this thought I close my presentation. Thank you and may God bless each of you in our task in providing the needed services for our Home Start children.

APPENDIX D

HEAD START FEE SCHEDULE, MONTHLY CHARGE

HEAD START FEE SCHEDULE, MONTHLY CHARGE

(Taken from The Federal Register, Vol. 38, No. 72 - Monday, April 16, 1973, p. 9435.)

Gross annual family income	Number of children in family							
	1	2	3	4	5	6	7	8
0-$4,320	0	0	----	----	----	----	----	----
$4,321- 4,575	X	X	----	----	----	----	----	----
4,576- 4,900	$2.50	$2.50	0	----	----	----	----	----
4,901- 5,225	5.00	5.00	X	----	----	----	----	----
5,226- 5,550	7.50	7.50	2.50	0	----	----	----	----
5,551- 5,875	10.00	10.00	5.00	X	----	----	----	----
5,876- 6,200	12.50	12.50	7.50	$2.50	0	----	----	----
6,201- 6,525	15.00	15.00	10.00	5.00	X	----	----	----
6,526- 6,850	19.00	19.00	12.50	7.50	$2.50	0	----	----
6,851- 7,175	23.00	23.00	15.00	10.00	5.00	X	----	----
7,176- 7,500	27.00	27.00	19.00	12.50	7.50	$2.50	0	----
7,501- 7,825	31.00	31.00	23.00	15.00	10.00	5.00	X	----
7,826- 8,150	41.00	41.00	27.00	19.00	12.50	7.50	$2.50	0
8,151- 8,475	51.00	51.00	31.00	23.00	15.00	10.00	5.00	X
8,476- 8,800	61.00	61.00	41.00	27.00	19.00	12.50	7.50	$2.50
8,801- 9,125	71.00	71.00	51.00	31.00	23.00	15.00	10.00	5.00
9,126- 9,450	87.00	87.00	61.00	41.00	27.00	19.00	12.50	7.50
9,451- 9,775	103.00	103.00	71.00	51.00	31.00	23.00	15.00	10.00
9,776-10,100	119.00	119.00	87.00	61.00	41.00	27.00	19.00	12.50
10,101-10,425	135.00	135.00	103.00	71.00	51.00	31.00	23.00	15.00
10,426-10,750	----	----	119.00	87.00	61.00	41.00	27.00	19.00
10,751-11,075	----	----	135.00	103.00	71.00	51.00	31.00	23.00
11,076-11,400	----	----	----	119.00	87.00	61.00	41.00	27.00
11,401-11,725	----	----	----	135.00	103.00	71.00	51.00	31.00
11,726-12,050	----	----	----	----	119.00	87.00	61.00	41.00
12,051-12,375	----	----	----	----	135.00	103.00	71.00	51.00
12,376-12,700	----	----	----	----	----	119.00	87.00	61.00
12,701-13,025	----	----	----	----	----	135.00	103.00	71.00
13,026-13,350	----	----	----	----	----	----	119.00	87.00
13,351-13,675	----	----	----	----	----	----	135.00	103.00
13,676-14,000	----	----	----	----	----	----	----	119.00
14,001-14,325	----	----	----	----	----	----	----	135.00

X - Statutory maximum allowable fee charge is marginal. No fee will be assessed.
NOTE. - To allow for higher costs of living in Alaska and Hawaii, multiply family income by 0.8 and 0.87, respectively, and correlate the lowered income figure with the fee. This variation complies with the statutory language mandating that the fee schedule must be based upon the ability of the family to pay. A family with 2 or more children enrolled shall pay one full fee for the first 2 children, and 25 percent of that full fee for each additional child. The above fee schedule applies to both farm and nonfarm families. A family whose ability to pay has been impaired because of unusual medical and dental expenses or unusual casualty or theft loss(es) shall be eligible for a reduction on fee charge if the amount of unusual expenses exceeds 10 percent of the annual gross family income.

(Sec. 8, 86 Stat. 690 (42 U.S.C. 2809(a)(1); sec. 602(n), 78 Stat. 530 (42 U.S.C. 2492(n)); Delegation of Authorities to Secretary of Health, Education, and Welfare, 34 FR 11398)

Effective date. - The regulations in this section shall be effective April 16, 1973.
Dated April 11, 1973.

Caspar W. Weinberger,
Secretary.

(FR Doc. 73-7354 Filed 4-13-73; 8:45 am)

APPENDIX E

NEWSPAPER ARTICLES ON HOME START CONFERENCE

The San Diego Union

SAN DIEGO, CALIFORNIA, WEDNESDAY MORNING, JUNE 13, 1973

Head Start Gets Into The Home

By HELEN CALL

The Head Start people are trying something new. Instead of limiting their program to centers for children, they are trying out taking Head Start to the children.

The new trial program is called Home Start which means a home visitor goes to where the children live. Says Dr. Ruth Ann O'Keefe, national director of the Home Start, "There have been home-based programs for a number of years such as traveling teachers and visit nurses, sponsored by various organizations."

Dr. O'Keefe's Home Start is a three-year demonstration project within Head Start, begun a year ago. This week, representatives from 16 Home Starts throughout the country are convening in San Diego at the Royal Inn at the Wharf.

Dr. O'Keefe talked about what the Home Start program is attempting to do. Rather than concentrating on the children themselves, their purpose is to work within the home environment. This means assisting parents who are looking for guidance in raising their preschool children.

"Our goal is to enhance the children's lives and to help parents achieve the goals they have for their own children."

The home visitor is trained in education, health, social sciences and parent involvement. They provide parents with guidance to community resources, call attention to potentials in the home environment, and encourage parents themselves to make the most of their own native teaching talents.

In San Diego, the Home Start program has been underway since early spring. Dr. Allana Elovson, director of the program here, said more families

(Continued on D-2, Col. 4)

Home Start Works Within The Family

(Continued from Page D-1)

are currently being recruited to participate in the program.

"It is hard to find families that are financially qualified—within federal poverty guidelines," she said. "When at the same time we want diverse groups. We are particularly interested in Oriental families. In fact, they are a prime target in this program, because they have been somewhat neglected in Head Start until now."

Five home visitors have been trained and are in the field, working in the Southeast, South Bay and Central areas. Part of the Home Start concept is to enlist home visitors from where they will be working.

According to Dr. O'Keefe, "We want to skirt the problem of home visitors who are not aware of the special problems of a neighborhood."

She pointed out that, in their training, visitors are made aware of the necessity of discretion "which skirts the problem of confidentiality among neighbors."

Two new congressional directives for HEW's Head Start program will be discussed at this week's national conference here. One directive is to involve disadvantaged children in the program. The other is to charge fees to families above the poverty level whose children participate.

The San Diego Union

SAN DIEGO, CALIFORNIA, SATURDAY MORNING, JUNE 16, 1973

Visitors To Home Praised

By HELEN CALL

A home visitor is sort of a co-mother. She is a friend whom you can sound out about the kids. She can give you the information about community resources that is hard to find anywhere else.

That is the way Dr. Ruth Ann O'Keefe summed up the role of the home visitor. Dr. O'Keefe is the national director of Home Start, a demonstration program within the structure of Head Start, which functions under the federal Health, Education and Welfare Department.

Home Start directors and home visitors from the 16 areas where this experimental project is underway, assembled in San Diego this past week in conference. It is the first time that home visitors have attended such a meeting and, according to Dr. O'Keefe, they brought their enthusiasm with them.

A side benefit, she reported, is that "many of our people have never traveled. They have never been out of their little town before. In San Diego they have been treated to Mexican and Filipino and Japanese luncheons and it has been an opportunity for these people to get the real flavor of this kind of encounter."

For home visitors in the Home Start program, it is a requirement that they come from the same neighborhood as the people they serve, who must be at the federal poverty level to qualify.

That service is designed not as much for the children as for the parents.

"Most parents start out thinking that the greatest need for their children is in pre-school education. They want to be sure the child does well in school and think this is what they need from the program," said Dr. O'Keefe.

They do get this kind of help, but they also can get guidance in a broad range: health, community services, and parent involvement.

"We try to stress working with each individual family according to what they really need."

As with Head Start, taking part in Home Start is a volunteer proposition. In San Diego, families are still being recruited for the program.

The conference closed yesterday and Dr. O'Keefe said the future program in her Washington office will include setting up more systems for people to share information. At the conference they have found how valuable it is to share what they know."

Dr. O'Keefe also plans to develop, through communication and workshops, ways of showing the Home Start potential to Head Start people.

"All Head Starts now have optional ways of organizing their programs. One of them is that it may be based entirely on Home Start on or may be a mixture of both Head Start, with a central location or Home Start, where the program is carried to the family."

Enhancing children's lives major goal of Home Start

By BARBARA HERRERA

Don't say that Home Start, the federal program that takes paraprofessional "visitors" into homes to advise parents, is designed "to upgrade parents" — at least not in front of its national director, Ruth Ann O'Keefe.

That phrase — upgrading parents — rubs Dr. O'Keefe the wrong way.

It is a misconception about the program which she does battle with, and it's held mostly by middle-class people who don't know what Home Start is all about, she said.

"This is something we sometimes have to deal with on the national level," she said — "people who say, 'What is this? A program to send federal agents into homes?'"

Home Start's "home visitors" do not presume to tell parents how to raise their children, Dr. O'Keefe emphasized.

What the 1,200 mothers participating in the program in 16 citises, including San Diego, are learning is that Home Start is designed to help the parents become their children's best teachers.

"We build on already-existing family strengths," Dr. O'Keefe said of the program which is ultimately aimed at aiding children 3 to 6 years old in poverty-level families.

"We help parents achieve the goals they already have for their own children."

Dr. O'Keefe is in town this week for the second annual Home Start conference being held at the Royal Inn at the Wharf. About 150 Home Start workers arrived here yesterday for the opening session of the conference which is to continue until Friday afternoon.

The national director said the goal of the conference is "to give these people (staff members) an opportunity to share together experiences, ideas, and solutions to problems so that they all can benefit from each other's experience."

Some new federal mandates for the program will also be discussed, she said. These include the absorption of more families with handicapped children into the program and charging fees for families whose incomes exceed poverty guidelines.

Home Start is a federal program designed to check the poverty cycle by "enhancing" the lives of disadvantaged preschool-aged children and their families.

"Enhance," in fact, seems to be a favorite word of Home Start workers.

Dr. Allana Elovson, coordinator of the local project, for instance, insists that "enhancing the lives of children" is the whole story of Home Start.

But it's done with a twist.

Instead of working directly with the youngsters, the trained home visitors work with the parents — the idea being that by helping parents increase their skills, the child will have a chance for a better life.

That's what makes Home Start dif-

(Cont. on page A-34, col. 4)

Enhancing lives of children is major goal of Home Start

CONTINUED FROM PAGE A_29

ferent from its parent program, HEW's Head Start, which operates in schools and pre-schools and focuses directly on the child.

But the ultimate goals are similar, Home Start having grown out of some rural areas where Head Start programs were not practical, Dr. O'Keefe said.

Now operating as a three-year pilot project, which began in April, 1972, Home Start will seek to determine whether the home-and-parent oriented program can also function well in cities, whether it can work effectively hand-in-hand with Head Start in some areas, and whether in some rural areas it might be more effective than the Head Start approach.

Because of their experimental nature, Dr. O'Keefe said, the 16 Home Start pilot programs, each funded by an annual $100,000 federal grant, seek to include a wide range of people.

"We have Eskimos in Alaska and Navaho Indians on reservations," the national director explained. Asian-Americans have been a high-priority group, she said.

Thats's why Home Start's 16th pilot project was begun last February in San Diego almost a year after the 15 other projects had begun: the diversity of minority people living here make this an ideal target area.

The San Diego program has made a particular effort to include Asian-American families, Dr. Elovson, the local coordinator, said.

But this goal has made it difficult for local staff members to find families willing to participate, Dr. Elovson added.

"Orientals are not very vociferous about the state of their need," she said. "It's hard to get them to admit that they fall within the poverty guidelines."

Dr. O'Keefe was philosophical about the problem: "If we learn that some orientals are not as conducive to this kind of program, we will have learned something."

The nine San Diego area families now participating in the local project fall above the poverty guideline, a concession allowed for only 10% of the families participating. The local project hopes to build to include about 80 families.

The needs that Home Start workers try to fill are not exclusive in low-income families. They are common needs of parents, Dr. O'Keefe said.

"It's unfortunate that right now the program can only have low-income families," Dr. O'Keefe said. "Almost all mothers need and want some kind of support in child rearing. The mail that crosses our desk is often written on quality stationery. They ask, 'What can I do with my two-year-old?'"

Dr. O'Keefe, who has two children and holds an Ed D. in educational psychology from American University in Washington, D.C., described the program as operating on a deceptively simple level.

It often means teaching a mother to use common daily activities as ways to teach their children. Peeling a potato can be an opportunity to make a child aware of texture and color. Making the beds and grocery shopping can also be teaching experiences.

Home Start visitors make frequent use of community resources. They do not seek to solve problems, Dr. O'Keefe said, but refer parents with problems to the agency that can offer a solution.

Dr. O'Keefe is obviously success-oriented in her attitude toward the pilot program.

Asked how her staff will evaluate "your success or lack of success," Dr. O'Keefe corrected the question.

"Our success," she said.

In the end the program's success or failure will rest with the mother's interaction with the child and the child's learning progress, however.

Meanwhile, the local project, its office located at 3955 Fourth Ave., is actively seeking recruits. Families which think they may fall within federal poverty guidelines are invited to apply. A rough guide to the poverty guidelines is a maximum gross annual income of about $4,200 for a family of four.

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APPENDIX F

EVALUATIVE RATINGS AND COMMENTS, SECOND ANNUAL HOME START CONFERENCE

July 22, 1973

FOREWORD

Participants in the Home Start Second Annual Conference were provided an opportunity to complete an evaluation form on the conference. They were invited to indicate their reactions, both by rating some aspects of the conference and by offering evaluative comments and suggestions. Approximately 130 persons attended at least part of the conference. Sixty-eight people, 15 of whom were Home Start Program Directors, completed and returned the conference evaluation form.

Two subjects were provided in a rating format: (1) the overall success of the conference in meeting its goals, and (2) the degree to which participants felt there were a suitable number of slide presentations.

The overall success of the conference in meeting its goals was rated by selecting from among four evaluative gradations: "total success in meeting the goals," "very much met the goals," "pretty much met the goals," and "missed meeting the goals." For the purpose of arriving at a meaningful summary analysis, a rating scale was adopted, assigning weights of 10, 8, 6, and 0 respectively to these gradations. (The fact that there are no numerical gradations between 6 and 10 on the scale of 10 to 0 results from the fact that the verbal gradations jump from "missed meeting the goals," which is assigned a zero credit, to "pretty much met the goals," which is a more positive than negative appraisal.) In indicating the extent to which they felt the number of slide presentations was suitable, participants had a choice of "too many," "right amount," and "too few." These have simply been summarized in this report by the total number of markings made by participants to each of these rating levels.

The results of these evaluative ratings and comments are presented on the following pages.

A. NARRATIVE HIGHLIGHTS OF THE RATINGS

1. Overall Success of the Conference in Meeting Its Goals

The consensus of the participants clearly indicates the judgment that the conference met its goals. The home visitors, and Home Start and Head Start Directors and Coordinators, were virtually unanimous in assessing the conference as either "very much" or "pretty much" having met its goals. The "other" category of participants, including for example, a social services specialist, a Head Start Educational Director, a Field Supervisor, and representatives of the National Advisory Committee to OCD, also gave the conference a high rating on an overall basis, with a few rating it a "total success."

The most negative ratings on the whole were registered by Regional Training Officers and Regional staff members. Their average ratings were on the weak side of "pretty much met the goals," reflecting an average of 5.6 on the scale of 0 to 10, which was pulled down by two ratings of "missed meeting the goals," out of 12 ratings made by the regional level participants.

2. Number of Slide Presentations

The slide presentations apparently were very well received. Out of 65 participants rating this item, 54 or 83% felt that the right amount or too few were shown, whereas only 11 or 17% felt there were too many. The least positive reaction was from the 12 regional level people, half of whom registered a "too many" mark.

B. HIGHLIGHTS OF THE COMMENTS AND SUGGESTIONS

The following summaries reflect an effort to capture the highlights of the narrative responses supplied on the evaluation form. In most cases points have been included here if they were mentioned by several or more people. However, the comments ranged widely with the result that not many points were repeatedly made.

1. Things Liked Best

The most popular feature of the conference was the interchange of information among the Home Start programs, by speakers and discussion groups. The next most popular features were the workshops or small group discussions and the slide presentations. The Polynesian feast and native dance program were favorably mentioned many times under this and other sections of the evaluation form. Another aspect of the conference that was clearly appreciated was the pace—"flexible," "relaxed," "congenial."

2. Things Liked Least

Several comments seem to add up to the need for more short breaks—for example, complaints about overly long sessions, "consecutive speeches," and "too much management and control over the speeches." This reaction seems to relate principally to the small group sessions because, on the other hand, the plenary sessions were criticized as too short, with not enough time for questions and answers.

The point was made more than once here and in other sections of the evaluation form that some people were frustrated by the fact that they had to choose among the concurrent discussion or workshop topics, when they would have liked to have participated in both. It was suggested that in a future program perhaps small groups can simultaneously discuss the same subject occasionally.

Some of the other points mentioned by one or two people included a protest that the starting time of 8:?0 a.m. was too early, as well as complaints that there were too few slides and not enough time for slides, that small group discussion leadership was "not good," that "plenary sessions were too short," that there were no parents at the conference, that there was not enough free discussion, and other points, most of which were made by only one responder.

3. Most Useful Sessions

Dr. Judge's speeches on health and safety and Florence Seguin's meetings with the home visitors were the top rated agenda items. Other sessions and topics felt to be highly useful included Ann O'Keefe's speech on "Concerns Which Have Emerged;" the Training Coordinators' session; discussions of performance standards, fee schedules, evaluation, and handicapped children; slides; techniques for mobilizing resources; and the visit to the San Diego Workshop.

4. Would Like at Next Conference

The responses to this item can be divided roughly into two categories: (a) arrangements, agenda, and meeting plans; and (b) topics that participants would like to see included. In each category not more than several people indicated the same desires. Some of the most significant suggestions in category (a) were: provide for early input to the agenda by those who are to be participants, have more small group meetings, enable participants to attend all sessions, have more home visitor meetings, have more slides of various programs, allow more parents to attend, provide more blacks in leadership roles, have more displays by the programs, allow more time for questions, and set aside time for RTOs to meet with programs.

Specific topics requested included parent involvement (specifically how to involve fathers), innovative training, health, and nutrition.

5. Opinions about the Conference Contractor

The evaluations of the work of the Verve Research Corporation in providing on-site support services were almost unanimously favorable.

6. Reactions to the National Home Start Sound/Slide Presentation

On the whole the reactions to this material were very favorable. For example, some people indicated their desire to be able to purchase copies for their use, reflecting a Regional Office and State I & I interest. The reservation was expressed by a few people that the presentation was not suitable for use as an information item with parents. The suggestion was made that the song be improved, and one person felt there should be slides from every program.

7. Most Valuable Materials

Many of those responding to this item indicated they had not had time to review and evaluate the usefulness of the materials. Some of the items receiving specific favorable mention were the fee schedule, the Head

Start booklets (particularly the one on handicapped children), the monitoring report, item on self-evaluation, newsletters and brochures from other programs, and "Gordon Teaches Parents to Talk to Kids."

8. Useful Ideas Obtained at the Conference

Again, these represented a wide variety with little in the way of common patterns. Responses included, for example, getting mothers and parents involved, making toys and other objects from home materials, establishing a planning chart, organizing health forms and ideas, teaching parents to be early childhood education specialists, recognizing handicapped children, grasping new educational ideas, contacting agencies "on our own," and training home visitors.

9. Specific Types of Follow-up Desired

Many of the comments responding to this item are similar to those included under other sections of the evaluation form. However, specific follow-up desired includes: better and more communications among the Home Start programs; written material on Florence Seguin's presentation to home visitors and staff; a visit from Florence; dissemination of conference information to all concerned; a national conference for RTO's and others on Home Start, CDA, handicapped, etc., to increase communications between Head Start and Home Start; a mailing list of program participants; similar regional mini-conferences; follow-up visits by Regional Home Start Representatives; opportunities to meet and visit other program sites; and more resource material on training and technical assistance.

10. Other Comments

Again, most of the responses expressed satisfaction and enthusiasm regarding the conference. The following quotes are indicative:

"This conference has been a most valuable experience to me."

"The knowledge I received is priceless."

"I was very impressed by the San Diego Head Start/Home Start facilities and would like to see our home-based program pick up the enthusiasm shown here."

"Everything was just great—this gave me an opportunity to learn—thank you all."

"I really enjoyed this conference."

"I have thoroughly enjoyed this conference beyond explanations. Thanks so much for the invitation."

"I thank everyone who had any part in choosing me to come to this conference . . . this has just been fantastic."

"This was a very warm and gracious meeting. I am pleased to have come."

"Very much enjoyed the work-oriented atmosphere of the conference, as well as the super-accommodating facilities of the hotel."

"It was great."

"The dinner at the Head Start Workshop with the dancing afterward was *fantastic*."

"A better conference than Houston in that there was more time for association with other program personnel."

"I felt that the conference overall was: well-planned, well-executed, and met a number of my needs."

"There's a great deal more—specifically in regard to the quality of the *way* Ann runs the program (all positive), but it would go beyond the scope of this evaluation. Suffice it to say she and her staff elicit trust, confidence, and respect."

"Very effective conference."

"Home Start people are great!"

Included in this section were also some criticisms, for example:

"There should be more friendliness and interest shown to home visitors on the part of the people in the higher supervisory positions."

"Some discussions were conducted in a way people became very defensive; rather than discussing problems, everyone was trying to show how their program was working."

"We could also use help on how to 'phase out' families."

"Perhaps if Dr. Jhin had been the guest speaker on the first day, he might have generated more excitement for the conference."

"Since Home Start is fairly new, it seems that the national staff could have used the evenings to socialize with the conference participants and better acquaint all with the total concept."

"I would like to register serious concern about reducing the effectiveness of visual aids by inducing irritation at delays, snafus, failure to thread projector *before* program time, failure to set up and pre-test, focus, and frame the pictures to be presented." (This comment refers to the showing of slides by one of the Home Start program sites.)

"I would like to see more minority people in key administrative positions and sharing their experiences. At present the leaders do not seem to be representative of the populations that are being served."

"It would have been most interesting to have a participating parent from each Home Start program."

"Again—more free time . . . would have used time to debate or compare effectiveness of different procedures."

APPENDIX G

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